06256 4C

6260

Items 18,21,22 Film G184 7-20-55 ams & 7-22-55 ams

20. MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 42

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X Lansdowne

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS B & O Railroad Crossing

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Kent

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Millington 14X-2

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) H. (Last) AHERN (AHERN)

4. DATE OF DEATH (Month) July (Day) 1 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH:

9. AGE last birthday: About 60 yrs.

IF UNDER 1 YEAR: Months | Days — IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Lumber Salesman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Millington, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John P. Ahern

14. MOTHER'S MAIDEN NAME: Clorinda West

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. I

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Martha Walker- 100 W. University Pkwy.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

979X

Immediate cause (a) Multiple mutilating injuries

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY railroad tracks

21c. (City or town) Lansdowne Crossing (County) Balto.Co. (State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) July 1,1955 (Hour) A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Apparently struck by train

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☒.

SIGNATURE Karl Guen M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 7/1/55

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation

DATE THEREOF July 15, 1955

NAME OF CEMETERY OR CREMATORY Loudon Park

LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. July 14, 1955

REGISTRAR'S SIGNATURE H. W. Hedrick

24. FUNERAL DIRECTOR H. H. Mears & Son

ADDRESS 805 N. Calvert St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

From Dr. Fisher's letter: "Please code this case in your files as a suicide, E979." 7-20-55 ams

LLC 6 pd

06257

6271

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Lutherville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bellona Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lutherville X
STREET ADDRESS (If rural give location) Bellona Avenue

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) WHITRIDGE (Last) AMOS

4. DATE OF DEATH: (Month) July (Day) 18, (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: November 30, 1890
9. AGE last birthday 64 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired- Bookbinder
10B. KIND OF BUSINESS OR INDUSTRY: Mfg. Own Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Marion W. Amos
14. MOTHER'S MAIDEN NAME: Lida Collings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs. C.W.Amos, Bellone Ave.,Lutherville,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

IMMEDIATE CAUSE (A) Cerebral thrombosis — Immediate

DUE TO

ANTECEDENT CAUSE (S) (B) Arteriosclerosis — 6 years +

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Diabetes mellitus — 30 years +

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to July 18, 1955 that I last saw the deceased alive on July 18, 1955, and that death occurred at 9:00 AM, from the causes and on the date stated above.

SIGNATURE Franklin E. Fiske M.D. ADDRESS 2929 N. Charles DATE SIGNED 7/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: July 21, 1955
NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery
LOCATION (City, town, or county) (State): Pikesville, Maryland

DATE REC'D BY LOCAL REGISTRAR 7/20/55
REGISTRAR'S SIGNATURE Alo Hedrick for John Burns Sons
24. FUNERAL DIRECTOR
ADDRESS Towson, Maryland

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

6272

06258

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 7, Film G164 8-9-55 et; Item 16 Film G165 8-12-55 ams

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 1630 B. Dartford Road

54 00 54 1

3. NAME OF DECEASED: (Type or Print) (First) GLENN (Middle) WILLIAM (Last) ANDERSON

4. DATE OF DEATH (Month) 7 (Day) 29 (Year) 19 5

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 16 1916

9. AGE last birthday: 38 yrs.

IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Fireman

10b. KIND OF BUSINESS OR INDUSTRY: Orchard.

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James H. Anderson

14. MOTHER'S MAIDEN NAME: Nannie Tuebl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 155-18-9677

17. INFORMANT & ADDRESS: Archie Anderson 514 Dorsey Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

491X

Immediate cause (a) Acute early bronchopneumonia

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE William Voorhees M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 7/29/55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF 7/30/55

NAME OF CEMETERY OR CREMATORY Reins Sturdivent

LOCATION (City, town, or county) (State) Boone North Carolina

DATE REC'D BY LOCAL REG. AUG 1 1955

REGISTRAR'S SIGNATURE Mrs. Edith Hurley

24. FUNERAL DIRECTOR A. Christine Bryant Funeral Home

ADDRESS 1407 Eastern Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ah

VS. A15A - 5 - 53

06259

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

6273

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 504 Windwood Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore County
STREET ADDRESS (If rural, give location) 504 Windwood Road

3. NAME OF DECEASED (Type or Print) (First) KATHERINE (Middle) THERESA (Last) BALLARD
4. DATE OF DEATH (Month) (Day) (Year) 7/8/55 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 1880
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY -
11. BIRTHPLACE (State or foreign country) Baltimore Co.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Matthew Kelly
14. MOTHER'S MAIDEN NAME Catherine Clancey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) -
16. SOCIAL SECURITY NO. -
17. INFORMANT AND ADDRESS Miss M. Ballard-504 Windwood Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

332X
Immediate cause (a) Cerebral thrombosis, st — 12 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — 5 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Primary anaemia — 5 yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE INJURY (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1950, to July 8, 1955, that I last saw the deceased alive on July 7, 1955, and that death occurred at 10:10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frederick J. Voellmer MD 6100 York Rd Balto-12 Md 7-9-55

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/11/55
NAME OF CEMETERY OR CREMATORY Cathedral Cem
LOCATION (City, town, or county) (State) Balto. City

DATE REC'D BY LOCAL REG. July 11 55
REGISTRAR'S SIGNATURE H. W. Hebner
24. FUNERAL DIRECTOR WIEDEFELD & SON
ADDRESS GREENMOUNT AVE & 22ND

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1955
75
1880

06260

6274

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY BALTO. CO MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE 52
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS WAYNE CONV. HOME 90

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY BALTO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE 28 52
STREET ADDRESS (If rural give location) DELRET AVE.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) MINNIE W. BARDWELL

4. DATE OF DEATH: (Month) (Day) (Year) 7/2/55 19

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2/20/1866

9. AGE last birthday 89 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) supervisor

10B. KIND OF BUSINESS OR INDUSTRY: U.S. govt. bookbinding

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME: Lynch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO. (If Yes, give war or dates of service)

17. INFORMANT & ADDRESS: Mrs. E. E. Hoot

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

241X

IMMEDIATE CAUSE (A) Hypertensive Cardio-Vascular Disease

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)

DUE TO

(C) Bronchial Asthma

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Generalized Hypertrophic Arthritis

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1953 to 7/2/55, that I last saw the deceased alive on 6/29/55 19, and that death occurred at 10:50 AM, from the causes and on the date stated above.

SIGNATURE OF M. D. [signature] ADDRESS 1707 Edmondson Av. Catonsville 28 Md DATE SIGNED 7/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 7/4/55 NAME OF CEMETERY OR CREMATORY LOUDON PARK LOCATION (City, town, or county) BALTO. Md (State)

DATE REC'D BY LOCAL REGISTRAR July 4, 1955 REGISTRAR'S SIGNATURE G. W. Laumann

24. FUNERAL DIRECTOR Neal Nabb & Son ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06262

6275

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Woodlawn, Maryland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn, Maryland X
STREET ADDRESS (If rural give location) 2229 Southland Road

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Katherine K. Bauman

4. DATE OF DEATH: (Month) (Day) (Year) July 28, 19559

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 2, 1883

9. AGE last birthday 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: George Bernard Bauman 2229 Southland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

IMMEDIATE CAUSE (A) Carcinoma of colon — INTERVAL BETWEEN ONSET AND DEATH 2½ yrs.

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic C-V Disease — 15 yrs.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/10, 1947, to July 28, 1955 that I last saw the deceased alive on July 28, 1955, and that death occurred at 11:15 AM, from the causes and on the date stated above.

SIGNATURE Allen J. Rhochat M. D. ADDRESS 4111 Liberty Heights Ave DATE SIGNED 7/31/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF August 1, 1955

NAME OF CEMETERY OR CREMATORY Lorraine Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 8-1-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Ellsworth Funeral Home ADDRESS 4600 Liberty Heights Avenue

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06263

6278

CERTIFICATE OF DEATH

Reg. Dist. No. 04

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 105 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY a.a.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ARNOLD 02x-2
STREET ADDRESS (If rural give location) Rt#2 Box 584 ✓

3. NAME OF DECEASED: (Type or Print) (First) VICTOR (Middle) H (Last) BELMONT

4. DATE OF DEATH: (Month) JULY (Day) 12 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: 4/11/90

9. AGE last birthday 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CRIB ATTENDANT

10B. KIND OF BUSINESS OR INDUSTRY: G.L. MARTIN & CO.

11. BIRTHPLACE (State or foreign country): ITALY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: VICTOR BELMONT

14. MOTHER'S MAIDEN NAME: IDA MN: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) YES ✓ (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 138 03 2572

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP.,FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 163X

IMMEDIATE CAUSE (A) CARCINOMA LUNG, RIGHT

INTERVAL BETWEEN ONSET AND DEATH 3 YEARS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (C)

(260X)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. DIABETES MELLITUS

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that ~~I~~ VA attended the deceased from Mar. 29, 1955, to July 12, 1955, ~~that I last saw the deceased alive on 19~~ and that death occurred at 4:00 PM. from the causes and on the date stated above.

SIGNATURE C. R. COPE, A.O.D. M.D.
ADDRESS VAH, FORT HOWARD, MD.
DATE SIGNED 7/12/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 7-15-55
NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL
LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 7/13/55
REGISTRAR'S SIGNATURE A.W.Hedrich dmr. ✓

24. FUNERAL DIRECTOR WILLIAM COOK FUNERAL HOME
ADDRESS St. Paul & Preston Sts. Balto, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06264

6277

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Pikesville
LENGTH OF STAY (in this place) 16 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Robb Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville X
STREET ADDRESS (If rural give location) Essex Road /

3. NAME OF DECEASED: (Type or Print) (First) Addie (Middle) Lurie (Last) Berryman

4. DATE OF DEATH: (Month) July (Day) 16 (Year) 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: Sept 10 1868
9. AGE last birthday 86 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Oliver C Berryman Reisterstown Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 6 mons

DUE TO

ANTECEDENT CAUSE (B) Coronary Sclerosis — 2 yrs.

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Art. Sclerosis — 5 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Simple Goitre — 2 yrs. Arthritis Deformans — 16 yrs.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/9, 1955, to 7/16, 1955, that I last saw the deceased alive on 7/16, 1955, and that death occurred at 9.45 A M, from the causes and on the date stated above.

SIGNATURE James G. Miller M.D. ADDRESS Pikesville-8 Md DATE SIGNED 7/18/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF July 19 1955
NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery
LOCATION (City, town, or county) Pikesville (State) Md

DATE REC'D BY LOCAL REGISTRAR 7-19-55
REGISTRAR'S SIGNATURE Mary B. Eline
24. FUNERAL DIRECTOR Wm Berryman & Sons ADDRESS Reisterstown Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

06265

MARYLAND STATE DEPARTMENT OF HEALTH

6250

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Item 7, FilmG184 8-4-55 et

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY BALTO — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK — LENGTH OF STAY (In this place) 15 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 204 ST. HELENA AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22)
STREET ADDRESS (If rural, give location) 204 ST. HELENA AVE.

3. NAME OF DECEASED (Type or Print): (First) HAROLD (Middle) GODFREY (Last) BERTRAM
4. DATE OF DEATH (Month) JULY (Day) 28, (Year) 1955
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH JULY 20, 1888
9. AGE last birthday 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RECLAIMING OF WIRE
10b. KIND OF BUSINESS OR INDUSTRY WELDING EQUIP.
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ROBERT H. BERTRAM
14. MOTHER'S MAIDEN NAME DRUCILLA. (UNK)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-03-0473
17. INFORMANT AND ADDRESS MRS. MINNIE B. BERTRAM — SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension Cardio-Vascular Disease — 5-6 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED
M. Gowns M.D. Dep Med Exam. Dundalk Md 7/30/55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF AUG. 1, 1955 — NAME OF CEMETERY ~~OR CREMATORY~~ BALTIMORE — LOCATION (City, town, or county) (State) BALTIMORE, Md.

DATE REC'D BY LOCAL REG. July 30-1955 — REGISTRAR'S SIGNATURE William M. Kelly — 24. FUNERAL DIRECTOR Leslie Barber Bradley — ADDRESS Dundalk, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Cook

06266

MARYLAND STATE DEPARTMENT OF HEALTH

6278

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton X LENGTH OF STAY (in this place) 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Perry Hall Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton X
STREET ADDRESS (If rural, give location) Perry Hall Lane

3. NAME OF DECEASED (Type or Print) (First) Daisy (Middle) L (Last) Billingsley
4. DATE OF DEATH (Month) July (Day) 17 (Year) 1955

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Sept 11-1896
9. AGE last birthday 58 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) W. Va
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME — Martin
14. MOTHER'S MAIDEN NAME — —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS Mr Clarence Billingsley Perry Hall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

157X
Immediate cause (a) Hemorrhage of Lung from
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastatic Carcinoma Sudden
(c) Primary site Carcinoma head of Pancreas 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Charles F. O'Donnell (Degree or title) MD ADDRESS 7501 Yack Rd Towson DATE SIGNED 7/19/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/20/55
NAME OF CEMETERY OR CREMATORY Meredith Memorial Pk
LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 7-19-55
REGISTRAR'S SIGNATURE Wm. Hemmetts
24. FUNERAL DIRECTOR Fassolus Funeral Home ADDRESS 7401 Belair Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

06267

MARYLAND STATE DEPARTMENT OF HEALTH

6279 **CERTIFICATE OF DEATH**

FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ruxton | LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6506 Darnall

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ruxton
STREET ADDRESS (If rural, give location) 6506 Darnall Rd

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Lavarne (Last) Bitner

4. DATE OF DEATH (Month) July (Day) 16 (Year) 1955

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH October 8, 1899 | 9. AGE last birthday 55 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer | 10b. KIND OF BUSINESS OR INDUSTRY Government | 11. BIRTHPLACE (State or foreign country) Penna. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John S. Bitner | 14. MOTHER'S MAIDEN NAME Mary Eliz Bobblits

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W. #1 | 16. SOCIAL SECURITY NO. None | 17. INFORMANT AND ADDRESS Mrs. Marguerite Bitner- 6506 Darnell Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary Occlusion — Sudden.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Charles F. O'Donnell (Degree or title) MD ADDRESS 7501 York Rd - Towson 4 Md DATE SIGNED 7/16/55

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 7/19/55 | NAME OF CEMETERY OR CREMATORY Druid Ridge Cem. | LOCATION (City, town, or county) (State) Pikesville, Md.

DATE REC'D BY LOCAL REG. 7/18/55 | REGISTRAR'S SIGNATURE U. U. Hedrick | 24. FUNERAL DIRECTOR Wm. J. Tickner & Sons | ADDRESS Balto. 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06268

6280

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rosedale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 I2I7 Neighbors Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Rosedale X
STREET ADDRESS (If rural give location) I2I7 Neighbors Ave.

3. NAME OF DECEASED: (Type or Print) (First) Harris (Middle) B. (Last) Blackwell

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 29, I9I8
9. AGE last birthday 36 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10B. KIND OF BUSINESS OR INDUSTRY: Glenn L. Martin
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: V. R. Blackwell
14. MOTHER'S MAIDEN NAME: Alysie Blackwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W. W. 2
16. SOCIAL SECURITY NO. 225-05-940I
17. INFORMANT & ADDRESS: Dorothy D. Blackwell-I2I7 Neighbors Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
463X IMMEDIATE CAUSE	(A) PULMONARY EMBOLISM	2 minutes
ANTECEDENT CAUSE (S): DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(B) THROMBOPHLEBITIS (FEMORAL)	2 WEEKS.
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE 25, 1955, to JULY 3, 1955, that I last saw the deceased alive on JULY 2, 1955, and that death occurred at 3:15 A. M, from the causes and on the date stated above.

SIGNATURE James R. Wm. M.D. M.D. ADDRESS 8019 Philadelphia Rd. Balt. 6 DATE SIGNED Feb 3-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal
DATE THEREOF July 4, I955
NAME OF CEMETERY OR CREMATORY Blackwell's Chapel
LOCATION (City, town, or county) (State) Meadow View, Virginia

DATE REC'D BY LOCAL REGISTRAR JUL 4 - 1955
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
24. FUNERAL DIRECTOR Wm. Cook Inc.
ADDRESS 1217 St. Paul St.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06269

6281

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Freeland
LENGTH OF STAY (in this place) 9 yrs 8.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridge Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Freeland
STREET ADDRESS (If rural give location) Ridge Rd.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Mary Ellen Blevins

4. DATE OF DEATH: (Month) (Day) (Year) July 15 1955

5. SEX: Female 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed 8. DATE OF BIRTH: December 10-1866 88 yrs. 9. AGE last birthday IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife Own home 10B. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): Ash Co. N.C. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Calvin Blevins 14. MOTHER'S MAIDEN NAME: Nancy Dunaway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No If Yes, give war or dates of service: 16. SOCIAL SECURITY NO. 17. INFORMANT'S NAME AND ADDRESS: Mrs. Leonard Davis Freeland Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Cardio-Vascular disease 422.1

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/15, 1955, to 7/15, 1955, that I last saw the deceased alive on 7/14, 1955, and that death occurred at 1 M, from the causes and on the date stated above.

SIGNATURE G. M. France M.D. ADDRESS Parkton Md DATE SIGNED 7/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF July 18, 1955 NAME OF CEMETERY OR CREMATORY St. Pain Bottom LOCATION (City, town, or county) Chilhowie (State) Va

DATE REC'D BY LOCAL REGISTRAR 7/18/55 REGISTRAR'S SIGNATURE Alberta L. Fuller 24. FUNERAL DIRECTOR Jacob Hartenstein ADDRESS Marion Va.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06270

6282

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLACE OF DEATH

1. NAME OF DECEASED (Type or Print): MARY PLEASANTS BONSAL

2. DATE OF DEATH: July 3 1955

3. PLACE OF DEATH:
A. Baltimore City, Maryland X Baltimore County
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 90 Mercy Villa
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Balto~~ Monkton X
D. STREET ADDRESS (If rural, give location): ~~Mercy Villa Bellona Ave~~

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widdow
8. DATE OF BIRTH: Nov 30 1863
9. AGE (In years last birthday): 91 — If Under 1 Year: Months ... Days ... If Under 24 Hours: Hours ... Min. ...

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Hall Pleasants
14. MOTHER'S MAIDEN NAME: Margaretta Riggs

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT: W W Lanahan — ADDRESS: Brooklandville Md.

CERTIFICATION

18. 422.1

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis — 5 yrs

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN: 19A. DATE OF OPERATION: 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20. AUTOPSY? ☐ ☐

22. I certify that (I) (~~this hospital~~) attended the deceased from 6/2 19 55 to 7/3 19 55, that (I) (~~we~~) last saw the deceased alive on 7/2 19 55, and that death occurred at 2:30 A. m., from the causes and on the date stated above.

23A. SIGNATURE: W.D. Tyson M.D.
ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☐
23B. ADDRESS: 11 E. Chase St.
23C. DATE SIGNED: 7/3/55

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: July 5 1955
24C. NAME OF CEMETERY OR CREMATORY: Green Mount
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 4 - 1955
REGISTRAR'S SIGNATURE: Hartington Wil... REGISTRAR
25. FUNERAL DIRECTOR: H Jenkins & Sons Co — ADDRESS: 4905 York Rd

PLEASE TYPE. THIS IS A PERMANENT RECORD. DO NOT USE A BALL POINT PEN. Every item of information carefully supplied. Physicians: please give the causes of death clearly and legibly. THE CERTIFICATE MUST WITH THE BUREAU OF VITAL RECORDS WITHIN THREE (3) DAYS AFTER

06271 WC

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

6283

Reg. Dist. No. 5

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Edgemere
LENGTH OF STAY (in this place) 15 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 2828 Lodge Farm Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Edgemere X
STREET ADDRESS (If rural give location) 2828 Lodge Farm Road

3. NAME OF DECEASED: (Type or Print) (First) Silas (Middle) (Last) Bowen

4. DATE OF DEATH: (Month) July (Day) 15th (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: Nov-19-1890
9. AGE last birthday 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: Unkown
14. MOTHER'S MAIDEN NAME: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Lacey Bowen 2828 Lodge Farm Road

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

491X
IMMEDIATE CAUSE (A) Broncho-pnumonia — 4 days
DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1st 1955, to July 15/55, that I last saw the deceased alive on July 15/55, and that death occurred at 5:30 A.M. from the causes and on the date stated above.

SIGNATURE J. W. Thomas M. D. ADDRESS 1077 main St Balto 22 DATE SIGNED 7/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7/19/55
NAME OF CEMETERY OR CREMATORY Mt Calvery
LOCATION (City, town, or county) (State) Brooklyn Md.

DATE REC'D BY LOCAL REGISTRAR 7/19/55
REGISTRAR'S SIGNATURE C. W. Hedrick
24. FUNERAL DIRECTOR Elroy O. Wilson ADDRESS 2004 Wilson St

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06272

6284

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Lochearn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3619 Oak Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lochearn X
STREET ADDRESS (If rural give location) 3619 Oak Ave.

3. NAME OF DECEASED: (Type or Print) (First) CHESTER (Middle) O. (Last) BOYD

4. DATE OF DEATH: (Month) JULY (Day) 30 (Year) 1955

5. SEX: M

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: May 16, 1883

9. AGE last birthday 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk baggage

10B. KIND OF BUSINESS OR INDUSTRY: B&O R. R.

11. BIRTHPLACE (State or foreign country): ~~XXXXX~~ West Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Robert H. Boyd

14. MOTHER'S MAIDEN NAME: Elizabeth Klaus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 705-05-2758 B&O 440-250

17. INFORMANT & ADDRESS: Mrs. Kenneth L. Upperoue 3619 Oak Ave. 7

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 2 HRS.

DUE TO

ANTECEDENT CAUSE (S) (B) CORONARY ARTERIOSCLEROSIS — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. BENIGN ESSENTIAL HYPERTENSION — 1 YR.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE 19, 1953 to JULY 30, 1955, that I last saw the deceased alive on JULY 30, 1955, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

SIGNATURE Marvin Goldstein M. D. ADDRESS 5334 Liberty Heights Ave. DATE SIGNED JULY 30, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Aug 2, 1955 — NAME OF CEMETERY OR CREMATORY Lorraine Park Cem — LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR 8-1-55 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR William J. Tickner — ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

06273

(6)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6285

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Catonsville 52
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1301 Edmondson Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Catonsville 52
STREET ADDRESS (If rural give location): 1301 Edmondson Ave

3. NAME OF DECEASED: (Type or Print) (First) Edna (Middle) B. (Last) Brinkmann
4. DATE OF DEATH: (Month) July (Day) 12, (Year) 1955
5. SEX: Female
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: May 5, 1884
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. W.
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Charles F. Wacker
14. MOTHER'S MAIDEN NAME: Henrietta Schaur
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Carsten S. Brinkmann 1301 Edmondson Ave

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 422.1 (A) arteriosclerotic

DUE TO

ANTECEDENT CAUSE (S) (B) Cardio-vascular Heart disease 4 years.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1955, to July 12, 1955, that I last saw the deceased alive on July 11, 1955, and that death occurred at 9 A M, from the causes and on the date stated above.

SIGNATURE Wm Morris Ford M.D. ADDRESS 1118 St. Paul St. Baltimore 2, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 7/15/55
NAME OF CEMETERY OR CREMATORY: Balto. National
LOCATION (City, town, or county) (State): Baltimore. Md.

DATE REC'D BY LOCAL REGISTRAR: 7-13-55
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: Harry F. Witzke
ADDRESS: 4101 Edmondson Ave

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

06274

38

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6286 CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:

COUNTY Balto MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson 55

LENGTH OF STAY (in this place) ?

HOSPITAL OR INSTITUTION OR STREET ADDRESS Armacost Nursing Home 90

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY —

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto 3 v o 1-4

STREET ADDRESS (If rural give location) 5506 Craig ave

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) MARY FALCONER BRISTOR

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: July 31 1868

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Frederick Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm H Falconer

14. MOTHER'S MAIDEN NAME: Mary Boteler

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: C Edwin Bristor Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobular pneumonia 491X

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death: 10 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility — 15 yrs.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan 15th 1952, to July 3rd 1955, that I last saw the deceased alive on July 2nd 1955, and that death occurred at 4:10 p.m. from the causes and on the date stated above.

SIGNATURE A.S. Chaffantz (Degree or title) MD ADDRESS 6210 York Rd DATE SIGNED July 5th 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF July 5 1955 NAME OF CEMETERY OR CREMATORY Loreggie Park LOCATION (City, town, or county) Woodlawn Md (State)

DATE REC'D BY LOCAL REGISTRAR July 5 REGISTRAR'S SIGNATURE R.O. Decker

24. FUNERAL DIRECTOR H W Jenkins & Sons ADDRESS 4905 York Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Stragant
6210 York Rd

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06275

6287

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Balto MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Balto 20 Md
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Dry Hall. N. H.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River X
STREET ADDRESS (If rural give location) Box 165 Route 15. Balto 20 Md

3. NAME OF DECEASED: (Type or Print) (First) IRVING (Middle) (Last) BROOKS
4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Oct 17 - 1877
9. AGE last birthday 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hotel Owner
10B. KIND OF BUSINESS OR INDUSTRY: Own Business
11. BIRTHPLACE (State or foreign country): Balto Co Md
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Samuel Brooks
14. MOTHER'S MAIDEN NAME: Sally —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
16. SOCIAL SECURITY NO. 265-48-3523A
17. INFORMANT & ADDRESS: Mrs G Irving Brooks. Box 165 Rt 15 Balto 20

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

610X IMMEDIATE CAUSE (A) Uremia — 5 months

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Prostate Enlargement DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 12, 1955, to July 5, 1955, that I last saw the deceased alive on July 5, 1955, and that death occurred at 8 P. M, from the causes and on the date stated above.

SIGNATURE Irving R Beck M. D. ADDRESS 901 Fuselage on Baltimore DATE SIGNED July 5 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7/8/55
NAME OF CEMETERY OR CREMATORY Lorraine Park Cem
LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REGISTRAR 7-7-55
REGISTRAR'S SIGNATURE R. W. Hoke
24. FUNERAL DIRECTOR Lasselin Funeral Home
ADDRESS 7401 Belair Rd

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

06276

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6288

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 34 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY CALVERT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ISLAND CREEK
04X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) L. (Last) BROOKS

4. DATE OF DEATH: (Month) JULY (Day) 26 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): DIVORCED

8. DATE OF BIRTH: 9-9-93

9. AGE last birthday 61 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MAIL CARRIER

10B. KIND OF BUSINESS OR INDUSTRY: FEDERAL GOVERNMENT

11. BIRTHPLACE (State or foreign country): ISLAND CREEK, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: DAVID BROOKS

14. MOTHER'S MAIDEN NAME: QUEENIE SPRIGGS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

199.1

IMMEDIATE CAUSE (A) ANAPLASTIC SARCOMA, LEFT UPPER EXTREMITY, WITH GENERALIZED METASTASES — 1 YEAR-Plus

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE 22, 1955, to JULY 26, 1955, and that death occurred at 1:30AM, from the causes and on the date stated above.

SIGNATURE F G Dickey — ADDRESS VAH, FORT HOWARD, MARYLAND — DATE SIGNED 7-26-55

FRANCIS G. DICKEY, M.D., Chief, Medical Service

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL — DATE THEREOF 7-30-55 — NAME OF CEMETERY OR CREMATORY: BROOKS CEMETERY — LOCATION (City, town, or county) (State): MUTUAL, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: AUG 1 1955 — REGISTRAR'S SIGNATURE: Huntington W. Herbert

24. FUNERAL DIRECTOR: SEWELL FUNERAL HOME, PRINCE FREDERICK, MARYLAND — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06277

6289

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 119 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
3V01-4
STREET ADDRESS (If rural give location) 1115 MADISON AVENUE

3. NAME OF DECEASED: (Type or Print) (First) HOWARD (Middle) E. (Last) BROWN

4. DATE OF DEATH: (Month) JULY (Day) 25 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 1/18/11

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ASH MAN

10B. KIND OF BUSINESS OR INDUSTRY: GAS & ELECTRIC CO.

11. BIRTHPLACE (State or foreign country): CONCORD, N. CAROLINA

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: JOHN BROWN

14. MOTHER'S MAIDEN NAME: JINNIE EURY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 217-09-4293

17. INFORMANT & ADDRESS: CLIN.REC.,VET.ADM.HOSP.,FT.HOWARD,MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
463X IMMEDIATE CAUSE	(A) FAILURE OF RIGHT SIDE OF HEART	UNKNOWN
ANTECEDENT CAUSE (S)	DUE TO ORGANIZING PULMONARY EMBOLUS	15 MONTHS
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO PHLEBITIS OF RIGHT LEG (C)	18 MONTHS

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) M. OF INJURY

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from MAR. 28, 1955, to JULY 25, 1955, and that death occurred at 10:15 A.M. from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT, M.D.
ADDRESS M.D. VAH, FORT HOWARD, MARYLAND
DATE SIGNED 7-26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 8/1/55
NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL
LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR CHARLES R. LAW MORTUARY, ADDRESS 802-04 MADISON AVE. BALTIMORE, 1, MD.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06278

6290

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY BALTO. CO. MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE 52

LENGTH OF STAY (in this place) 1 yr

HOSPITAL OR INSTITUTION OR STREET ADDRESS RIDGEWAY MANOR 90

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY BALTO. 29

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTO. 29 3Y01-4

STREET ADDRESS (If rural give location) 220 MALLOW HILL

3. NAME OF DECEASED: (Type or Print) (First) JENNIE (Middle) (Last) BRYAN

4. DATE OF DEATH: (Month) 7 (Day) 1 (Year) 55 19

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: 2/14/1864

9. AGE last birthday 91 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES BRYAN

14. MOTHER'S MAIDEN NAME: CAROLINE MYERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Lillian Hall, 220 Mallow Hill

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Myocardial failure — 72 hours

422.1

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C) Arteriosclerotic CVD — Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cerebral vas acc. left hemiplegia — 1 year

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16, 1954, to July 1, 1955, that I last saw the deceased alive on June 30, 1955, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE Stephen L. Magness M.D. ADDRESS Catonsville 28 DATE SIGNED 7-3-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF 7/5/55 — NAME OF CEMETERY OR CREMATORY LOUDON PARK — LOCATION (City, town, or county) BALTO. Md (State)

DATE REC'D BY LOCAL REGISTRAR JULY 4 1955 — REGISTRAR'S SIGNATURE B W Laumann

24. FUNERAL DIRECTOR J. McNatt & Son — ADDRESS

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06279

6291

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Cockeysville Md | LENGTH OF STAY (in this place): 1 yr. 10 Months

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 90 Md. Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Howard

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodstock Md

STREET ADDRESS (If rural give location): Old Court Rd. 13X-2

3. NAME OF DECEASED: (Type or Print) (First) David (Middle) Newton (Last) Bunce

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower | 8. DATE OF BIRTH: Jan 18-1880 | 9. AGE last birthday 75 yrs. | IF UNDER 1 YEAR: Months 6 Days | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman | 10B. KIND OF BUSINESS OR INDUSTRY: Retail Merchandise | 11. BIRTHPLACE (State or foreign country): Baltimore Md | 12. CITIZEN OF WHAT COUNTRY? Life

13. FATHER'S NAME: David Bunce | 14. MOTHER'S MAIDEN NAME: Mary Deal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT & ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Cerebral Accident — INTERVAL BETWEEN ONSET AND DEATH: 1 Month

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerosis — ?

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-20, 1953 to July 8, 1955 that I last saw the deceased alive on July 8, 1955, and that death occurred at 5:25 P M, from the causes and on the date stated above.

SIGNATURE Walter T. Lees M. D. | ADDRESS Cockeysville Md | DATE SIGNED July 8/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 7-11-55 | NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery | LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REGISTRAR 7-13-55 | REGISTRAR'S SIGNATURE L. M. Schroeder | 24. FUNERAL DIRECTOR Wm. Cook | ADDRESS St. Paul + Preston St

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

06280

6292

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lodge Forest
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2549 Lodge Forest Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore ~~Forest~~ 3V01-4
STREET ADDRESS (If rural give location) 130, S. Monroe St.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) A. (Last) Burke

4. DATE OF DEATH: (Month) July (Day) 14/55 (Year) 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow
8. DATE OF BIRTH: May 2, 1883
9. AGE last birthday 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Beyer
14. MOTHER'S MAIDEN NAME: Catherine Bentz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): 9
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Mildred Lober, Pasadena, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X

IMMEDIATE CAUSE (A) Hypostatic Pneumonia — 3 days

DUE TO

ANTECEDENT CAUSE (B) Hypertrophic C-V. disease — 3 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1955, to July 14, 1955, that I last saw the deceased alive on July 14, 1955, and that death occurred at 5:00 A.M. from the causes and on the date stated above.

SIGNATURE James G. Mure M.D. ADDRESS 520 D St. Balto 19 Md DATE SIGNED 7/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF July 18/55 — NAME OF CEMETERY OR CREMATORY Mt. Olivet — LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 7/16/55 — REGISTRAR'S SIGNATURE U.U. Hedrich

24. FUNERAL DIRECTOR Harry F. Nitze — ADDRESS 4101 Edmondson Ave

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6293

CERTIFICATE OF DEATH

Reg. Dist. No. 3

06281

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Catonsville — LENGTH OF STAY (in this place): 52
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eaton Lodge Nursing Home — 90

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lutherville
STREET ADDRESS (If rural give location): Broadway Road

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Robert (Last) Burnham
4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1955
5. SEX: M
6. COLOR OR RACE: W
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify)
8. DATE OF BIRTH: Mar 25 1882
9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Balto Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Elijah F. Burnham
14. MOTHER'S MAIDEN NAME: Mary Ann Lee
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
16. (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Harry L Burnham 848 Abbott Ave Balto 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Cerebral Embolus — 13 hrs
DUE TO
ANTECEDENT CAUSE (S) (B) arteriosclerotic cardiovascular disease — 4-5 yrs
DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

422.1

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 1954
19B. MAJOR FINDINGS OF OPERATION: Amputation left leg - arteriosclerotic gangrene
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1954, to 26 July, 1955, that I last saw the deceased alive on 25 July, 1955, and that death occurred at 3.15 A. M, from the causes and on the date stated above.

SIGNATURE: Joshua Hasbrook J. M. D. — ADDRESS: 1118 St Paul St., Balt. 2, Md — DATE SIGNED: 7-26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: July 28 1955 — NAME OF CEMETERY OR CREMATORY: Bates Baptist — LOCATION (City, town, or county) (State): Lutherville Md.

DATE REC'D BY LOCAL REGISTRAR: 7-27-55 — REGISTRAR'S SIGNATURE: L
24. FUNERAL DIRECTOR: John Burns & Son — ADDRESS: Towson 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 106782

6294

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY BALTO. CO. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE
LENGTH OF STAY (in this place) LIFE
52
HOSPITAL OR INSTITUTION OR STREET ADDRESS 632 FREDK. AVE
00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE 52
STREET ADDRESS (If rural give location) 632 FREDK. AVE.

3. NAME OF DECEASED: (Type or Print) (First) ANDREW (Middle) G (Last) BUSCHMANN

4. DATE OF DEATH: (Month) 7 (Day) 31 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: 7/15/1918
9. AGE last birthday 37 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintance man
10B. KIND OF BUSINESS OR INDUSTRY: Golf course
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.a.

13. FATHER'S NAME: FRANK BUSCHMANN
14. MOTHER'S MAIDEN NAME: SEICKE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: John Buschmann 954 ST. AGNES LA.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
416X IMMEDIATE CAUSE	(A) Myocardial failure	5-6 hrs
DUE TO		
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Arteriosclerotic fibrillation	36 hrs
DUE TO		
	(C) Rheumatic cardiovascular disease	Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, 1955, to July 31, 1955, that I last saw the deceased alive on July 29, 1955, and that death occurred at 12 noon M, from the causes and on the date stated above.

SIGNATURE Stephen Lee Maguire M.D. ADDRESS Catonsville Md DATE SIGNED 8-1-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 8/3/55
NAME OF CEMETERY OR CREMATORY CATHEDRAL
LOCATION (City, town, or county) (State) BALTO. Md

DATE REC'D BY LOCAL REGISTRAR 8-1-55
REGISTRAR'S SIGNATURE V. E. Harry
24. FUNERAL DIRECTOR MacNabb & Son
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6295 **CERTIFICATE OF DEATH** Reg. Dist. No. 1062834 5

1. PLACE OF DEATH: COUNTY Balto MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X LENGTH OF STAY (in this place) (6)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 4129 Martin Ave

2. USUAL RESIDENCE (HOME) OF DEACESED: STATE Md. COUNTY Balto

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (6) X

STREET ADDRESS (If rural give location) 4129 Martin Ave 1

3. NAME OF DECEASED: (Type or Print) (First) Caroline (Middle) C. (Last) Byers

4. DATE OF DEATH: (Month) July (Day) 11th (Year) 1955

5. SEX: Female 6. COLOR OR RACE: White 7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify) Widowed 8. DATE OF BIRTH: June 21st 1878 9. AGE last birthday 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home 10B. KIND OF BUSINESS OR INDUSTRY: at Home 11. BIRTHPLACE (State or foreign country): Balto. Md. 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank A. Kelley 14. MOTHER'S MAIDEN NAME: Mary K. (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: John F. Otto 5006 Gwynndale Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0

IMMEDIATE CAUSE (A) Generalized arteriosclerosis.

DUE TO

ANTECEDENT CAUSE (S) (B) Senility, emaciation.

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/6, 1955 to 7/11, 1955, that I last saw the deceased alive on 7/8, 1955, and that death occurred at 5:15 pm M, from the causes and on the date stated above.

SIGNATURE Harold A. Groff M.D. M.D. ADDRESS 8100 Harford Rd. DATE SIGNED 7/13/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 7/14/55 NAME OF CEMETERY OR CREMATORY St. Peters LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 7-13-55 REGISTRAR'S SIGNATURE A.W.Hedrich dmr. 24. FUNERAL DIRECTOR Wm Cook Inc. ADDRESS 1217 St. Paul St.

Dr Harold A. Groff 8100 Harford Rd NO 5-4400

M

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

6261

06284

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 42

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt Zion Pound 3rd + Hollins Ferry Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Lansdowne
STREET ADDRESS (If rural, give location) 230 Hazel Ave

3. NAME OF DECEASED: (Type or Print) (First) Kent (Middle) G. (Last) Callan

4. DATE OF DEATH (Month) 7 (Day) 31 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 12/21/1939

9. AGE last birthday: 15 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): School Boy

10b. KIND OF BUSINESS OR INDUSTRY: St Elements School

11. BIRTHPLACE (State or foreign country): Johnstown Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George H. Callan

14. MOTHER'S MAIDEN NAME: Rose M. Rice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) ✓

16. SOCIAL SECURITY NO.: ✓

17. INFORMANT & ADDRESS: Mr. George H. Callan 230 Hazel Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

929.8

Immediate cause (a) Drowning (accidental) — Interval between onset and death: 24 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19a. DATE OF OPERATION: None.

19b. MAJOR FINDING OF OPERATION: None.

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Swimming hole

21c. (City or town) Lansdowne (County) Balto. (State) Md.

21d. TIME OF INJURY (Month) 7 (Day) 3 (Year) 55 (Hour) 6:30 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Went swimming

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. L. Caplis M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 7-4-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 7/6/55

NAME OF CEMETERY OR CREMATORY New Cathedral Cem.

LOCATION (City, town, or county). (State) 4300 Old Frederick Rd.

DATE REC'D BY LOCAL REG. July 5, 1955

REGISTRAR'S SIGNATURE M. R. Hedrick

24. FUNERAL DIRECTOR John J. Cowan & Son

ADDRESS 201 St. Hollins St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

D. D. Caplis
E Hanover Rd.
Reisterstown Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06285

6296 CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Owings Mills
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City 3V01-4
STREET ADDRESS (If rural, give location) 261 Dallas Court

3. NAME OF DECEASED: (Type or Print) (First) Susan (Middle) Ann (Last) Campbell
4. DATE OF DEATH: (Month) 7 (Day) 23 (Year) 19 55
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 4/1/47
9. AGE last birthday: 8 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Raymond Campbell
14. MOTHER'S MAIDEN NAME: Josephine Zahradka
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Rosewood Records, Owings Mills, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause 756.2	(a) Intestinal Obstruction	1½ days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Congenital Atresia of the Esophagus (Jeguno	birth
DUE TO		
	(c) Esophageal Anaestomosis-Post operative-7/20/47-esophagus,/	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 4/4/47-Thoractomy; 6/20/47 -jejunojejunostomy Congenital lesion basal ganglion (athetosis) — jejunam/ anastomosis

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/20, 19 55 to 7/23, 19 55, that I last saw the deceased alive on 7/23, 19 55, and that death occurred at 8:50 a.m., from the causes and on the date stated above.

SIGNATURE Harry G Butler (DEGREE OR TITLE) M.D. ADDRESS Owings Mills, Maryland DATE SIGNED 7/25/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL DATE THEREOF 7-27-55 NAME OF CEMETERY OR CREMATORY BALTIMORE CEM LOCATION (City, town, or county) (State) BALTO. MD

DATE REC'D BY LOCAL REG. 7-26-55 REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR MR. CVACHOSON ADDRESS 900 N. CHESTER ST

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

6297

06286

Item 9, Rlmg104 7-15-55 6t

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. XX

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Pt
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Bethlehem Steel Co.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Baltimore 3V01-4
STREET ADDRESS (If rural, give location): 632 Cheraton Road

3. NAME OF DECEASED: (Type or Print) (First) LUTHER (Middle) CARAWAY (Last)

4. DATE OF DEATH (Month) July (Day) 7 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 10/23/01

9. AGE last birthday: 53 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel Co.

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Luther Caraway

14. MOTHER'S MAIDEN NAME: Rosie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Alice B. Caraway 632 Cheraton Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

443X

Immediate cause (a) Hypertensive cardiovascular disease

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED July 7, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 7/12/55

NAME OF CEMETERY OR CREMATORY Wadesboro

LOCATION (City, town, or county) (State) North Carolina

DATE REC'D BY LOCAL REG. 7-8-55

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Clara D. Lively — **ADDRESS** 661 W. Barre Street

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06288

6298

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard, Md.
LENGTH OF STAY (in this place) 41 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 22 X
STREET ADDRESS (If rural give location) 1 8000 Kavanaugh Road

3. NAME OF DECEASED: (Type or Print) (First) LAWRENCE (Middle) A. (Last) CASWELL

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 8/5/27
9. AGE last birthday 27 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10B. KIND OF BUSINESS OR INDUSTRY: Davis Company
11. BIRTHPLACE (State or foreign country): Bass Lake, Minn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Earl Caswell
14. MOTHER'S MAIDEN NAME: Cora Wilkinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. 468-26-0108
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

430.0

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) AORTIC INSUFFICIENCY	3 MONTHS
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) DESTRUCTION OF AORTIC VALVE BY BACTERIAL ENDOCARDITIS	3 MONTHS
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE 13, 1955, to JULY 24, 1955, that I last saw the deceased alive on [illegible], 1955, and that death occurred at 3:05 A.M. from the causes and on the date stated above.

SIGNATURE William B. Vandegrift
WILLIAM B. VANDEGRIFT, M.D.
ADDRESS M. D. VAH, FORT HOWARD, MARYLAND
DATE SIGNED 7-25-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF 7-28-55
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Wm.Cook-Blight, Inc. ADDRESS 6009 Harford Rd. Baltimore 14, Maryland

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

06289

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6299

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville LENGTH OF STAY (In this place) 6 days
52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove
14

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balt.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Randallstown
STREET ADDRESS (If rural give location) Liberty Road

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Nathan (Last) Carey
4. DATE OF DEATH: (Month) 7 (Day) 31 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: 10/26/?
9. AGE last birthday 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Some Man
10B. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Reuben Carey
14. MOTHER'S MAIDEN NAME: Mary Strawbridge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0
IMMEDIATE CAUSE (A) Arterio-sclerotic heart disease — ?
DUE TO
ANTECEDENT CAUSE (S) (B) Advanced Arteriosclerosis — ?
DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Senility — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: — 0
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. —
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 7/25/55 19..., to 7/31/55 19..., that I last saw the deceased alive on 7/31/55 19..., and that death occurred at 5:25 P.M., from the causes and on the date stated above.

SIGNATURE Charles Ward M.D. M.D. ADDRESS Spring Grove Hosp. DATE SIGNED 7/31/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Aug. 2 1955 — NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem. — LOCATION (City, town, or county) Randallstown Balto Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 8/2/55 — REGISTRAR'S SIGNATURE A. W. Hedrich — 24. FUNEERAL DIRECTOR Phillips Funeral Home — ADDRESS 4510 Liberty Heights Ave

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

6390 06290

Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in Pines

2. USUAL RESIDENCE (HOME) OF DEACESED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. 3401-4
STREET ADDRESS (If rural, give location) 1915 Gwynns Falls Pkwy.

3. NAME OF DECEASED (Type or Print) (First) Louis (Middle) (Last) Cohen

4. DATE OF DEATH (Month) 7 (Day) 25 (Year) 1955

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH

9. AGE last birthday 75 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Poland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Not Known

14. MOTHER'S MAIDEN NAME Sarah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Rebecca Cohen — Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442X

Immediate cause (a) Cerebral Thrombosis — 7 da.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chr. Hypertensive Cardio-Vascular-Renal Disease — ?

(c) Generalized arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-4, 1955, to 7-25, 1955, that I last saw the deceased alive on 7-25, 1955, and that death occurred at 1:45 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wilson K. Gallager	MD	Catonsville 28, Md.	7-25-55

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 7-26-1955 | NAME OF CEMETERY OR CREMATORY Washington Md. | LOCATION (City, town, or county) Balto (State) Md.

DATE REC'D BY LOCAL REG. 7-26-55 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Jack Levinson | ADDRESS 2100 Eutaw Place

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6391

CERTIFICATE OF DEATH

06291 WC 38

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY BALTO MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STONELEIGH
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 500 STONELEIGH RD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STONELEIGH (TOWSON)
STREET ADDRESS (If rural give location) 500 STONELEIGH RD.

3. NAME OF DECEASED: (Type or Print) (First) HANS (Middle) W. (Last) CONSTADT

4. DATE OF DEATH: (Month) JULY (Day) 2 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: APRIL 17, 1890

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): PHYSICIAN

10b. KIND OF BUSINESS OR INDUSTRY: MEDICAL

11. BIRTHPLACE (State or foreign country): GERMANY

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ERNST LUDWIG CONSTADT

14. MOTHER'S MAIDEN NAME: MARTHA SCHLESINGER

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: MRS. ELIZABETH J. CONSTADT ABOVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

153X

Immediate cause (a)

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of the Cecum & metastases — 4 Mos. +

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: April 21, 1955

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Cecum & metastases to liver and regional lymph Nodes

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ ~~Not While~~ At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from December, 1954, to July 2, 1955, that I last saw the deceased alive on July 1, 1955, and that death occurred at 6.35 A.M., from the causes and on the date stated above.

SIGNATURE W. Grafton Hersperger (Degree or title) M.D. ADDRESS 214 Medical Arts Bldg DATE SIGNED 7/3/55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF JULY 5, 1955 NAME OF CEMETERY OR CREMATORY DRUID RIDGE LOCATION (City, town or county) PIKESVILLE (State) MD

DATE REC'D BY LOCAL REGISTRAR 7-5-55 REGISTRAR'S SIGNATURE A.W. Hedrich Deputy

24. FUNERAL DIRECTOR H.W. JENKINS & SONS CO. ADDRESS 4905 YORK RD BALTO., MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DR. HERSPERGER

MARYLAND STATE DEPARTMENT OF HEALTH

6302

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06292

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baynesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8303 Loch Raven Boulevard

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baynesville
STREET ADDRESS (If rural, give location) 8003 Loch Raven Boulevard

3. NAME OF DECEASED (Type or Print): (First) LENA (Middle) A. (Last) COOK

4. DATE OF DEATH (Month) July (Day) 15, (Year) 1955

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Aug. 23, 1872

9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY U. S. A.

13. FATHER'S NAME John Meeth

14. MOTHER'S MAIDEN NAME Elizabeth Schreiber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. Lena A. Cook

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles F. Donnellan 7501 York Rd Towson 4 Md 7/17/55

BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF 7/19/55
NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery
LOCATION (City, town, or county) Baltimore, (State) Maryland

DATE REC'D BY LOCAL REG. 7/20/55
REGISTRAR'S SIGNATURE A. W. Hedrich
24. FUNERAL DIRECTOR Wm. Cook, Inc., ADDRESS 1217 St. Paul Street

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06293

6303

CERTIFICATE OF DEATH

233

Reg. Dist. No. 31

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville, 52

LENGTH OF STAY (in this place) 5 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS (Shady Nook Nursing Home) 1002 N. Rolling Road 90

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3V01-4

STREET ADDRESS (If rural, give location) Roland Park Apts.

3. NAME OF DECEASED: (Type or Print) (First) Grace (Middle) M. (Last) Cord

4. DATE OF DEATH: (Month) July (Day) 16, (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: June 16, 1873

9. AGE Last birthday: 82 yrs.

IF UNDER 1 YEAR: Months Days

IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bedford, Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Isaac Mengel

14. MOTHER'S MAIDEN NAME: Lucinda Probasco

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. George M. Mealy 8206 Bellona Ave. Roderwood, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause 422.1 (a) Bronchio-Pneumonia — 3 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardio-Vascular Heart disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1955, to July 16, 1955, that I last saw the deceased alive on July 16, 1955, and that death occurred at 3:34 m., from the causes and on the date stated above.

SIGNATURE Wm Weber Fort (DEGREE OR TITLE) ADDRESS 1118 St. Paul St. Baltimore 2, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF July 18, 1955

NAME OF CEMETERY OR CREMATORY Rose Hill

LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REG. 7-22-55

REGISTRAR'S SIGNATURE Victor E. Harry

24. FUNERAL DIRECTOR John O. Mitchell & Sons Inc. ADDRESS 1900 Eutaw Plac

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06294

6394 Items 13,14 FilmC184 8-4-55 et

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Catonsville Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. 3X01-4
STREET ADDRESS (If rural give location) 811 N. Brice St.

3. NAME OF DECEASED: (Type or Print) (First) Michael (Middle) (Last) Costello
4. DATE OF DEATH (Month) July (Day) 29th (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify) Widowed
8. DATE OF BIRTH: 12/16/1874
9. AGE last birthday 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10B. KIND OF BUSINESS OR INDUSTRY: Plumber
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown Costello
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes If yes, give war or dates of service American
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Ruth Bass 6010 Clover Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 IMMEDIATE CAUSE (A) Hypocardial failure — 96 hrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C) Arteriosclerosis gen — Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Benign prost. Hyper. — Unknown

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-15, 1955 to 7-29, 1955, that I last saw the deceased alive on 7-29, 1955, and that death occurred at 2^00 M, from the causes and on the date stated above.

SIGNATURE Stephen Lee Marrie M. D. ADDRESS Catonsville DATE SIGNED 7-30-55

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial — DATE THEREOF 8/2/55 — NAME OF CEMETERY OR CREMATORY U. S. National — LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 8-1-55 — REGISTRAR'S SIGNATURE —
24. FUNERAL DIRECTOR Wm Cook Inc. — ADDRESS 1217 St. Paul St.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

06295

MARYLAND

STATE DEPARTMETT OF HEALTH

6305 **CERTIFICATE OF DEATH**

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 637 Murdock Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
STREET ADDRESS (If rural, give location) 637 Murdock Road

3. NAME OF DECEASED (Type or Print): (First) Mr. (Middle) Howard Lee (Last) Cunningham

4. DATE OF DEATH (Month) July (Day) 23rd (Year) 55

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Jan. 31, 1887

9. AGE last birthday: 68 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Clerk, Oil

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: George Cunningham

14. MOTHER'S MAIDEN NAME: Minnie Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

16. (If yes, give war or dates of service):

SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs. Beatrice M. Cunningham, 637 Murdock

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

410X

Immediate cause (a) Rheumatic Heart Disease with Aortic & Mitral Stenosis & Insufficiency - ending in Chronic Congestive Heart Failure (3 yrs) — 12 yrs +

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c) Rheumatic Fever @ age of 16 — 52 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APR. 21, 1955, to JULY 23 1955, that I last saw the deceased alive on JULY 22, 1955, and that death occurred at 7 A. m., from the causes and on the date stated above.

SIGNATURE Robert W. Garis, M.D. (Degree or title) ADDRESS 1103 St. Paul St. Baltimore-2 Md. DATE SIGNED 7/24/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: July 26, 1955 — NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 25-55 — REGISTRAR'S SIGNATURE Alw Hedrick

24. FUNERAL DIRECTOR: Leonard J. Ruck — ADDRESS: 5305 Harford Road #14

Dunn

MARGIN RESERVED FOR BINDING

Dr. Garis
Ambassador Apts. 39th & Canterburg
or office 1103 St. Paul St. on Mon.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6326

CERTIFICATE OF DEATH

06296

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 9 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
STREET ADDRESS (If rural give location) 1407 WALKER AVENUE #12

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) J. (Last) CZARNECKI

4. DATE OF DEATH: (Month) JULY (Day) 27 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED
8. DATE OF BIRTH: 10/14/22
9. AGE last birthday 32 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN
10B. KIND OF BUSINESS OR INDUSTRY: DURFLEX CORP.
11. BIRTHPLACE (State or foreign country): WILMINGTON, DELAWARE
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: WILLIAM CZARNECKI
14. MOTHER'S MAIDEN NAME: FLORENCE KRUPA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) KOREAN
16. SOCIAL SECURITY NO. 221-10-5275
17. INFORMANT & ADDRESS: CLIN.REC.,VET.ADM.HOSP.,FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151X

IMMEDIATE CAUSE (A) CARCINOMA OF STOMACH — UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) M. OF INJURY
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY 18, 1955, to JULY 27, 1955, and that death occurred at 10:30 AM, from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT, M.D. — ADDRESS M. D. VAH, FORT HOWARD, MARYLAND — DATE SIGNED 7-28-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) REMOVAL — DATE THEREOF 7-28-55 — NAME OF CEMETERY OR CREMATORY CATHEDRAL CEMETERY — LOCATION (City, town, or county) WILMINGTON, DELAWARE (State)

DATE REC'D BY LOCAL REGISTRAR 7/29/55 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR WM.COOK-BLIGHT,INC, — ADDRESS 6009 HARFORD ROAD

SHIPPED TO: STANLEY S. YASIK, INC. 616 S.Franklin St.BALTIMORE, MD. WILMINGTON, DEL.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

6397

06297
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 45

1. PLACE OF DEATH:
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grace Quarter
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waters Gunpowder River

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore 3V01-4
STREET ADDRESS 1825 Edison Hwy. (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Chester (Middle) E. (Last) Danneberg

4. DATE OF DEATH (Month) July (Day) 24 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: July 27, 1904

9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Maintainance

10b. KIND OF BUSINESS OR INDUSTRY: Balto City Housing

11. BIRTHPLACE (State or foreign country): Balto. md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert Danneberg

14. MOTHER'S MAIDEN NAME: Virginia Hardesty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-14-0910

17. INFORMANT & ADDRESS: Mrs. Virginia Danneberg 1825 Edison Hgwy.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Drowning (accidental) — INTERVAL BETWEEN ONSET AND DEATH: Immediate

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY

21c. (City or town) Grace Quarter (County) Balto (State) Md.

21d. TIME OF INJURY (Month) July (Day) 24 (Year) 55 (Hour) 10 A.

21e. INJURY OCCURRED While at work ☐ Not while at work ☑

21f. HOW DID INJURY OCCUR? Boat turned over & sank.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE V M Pearmine M.D. M. D.

~~CHIEF MEDICAL EXAMINER~~ ☐
DEPUTY MEDICAL EXAMINER ☑
~~ASSISTANT MEDICAL EXAM.~~ ☐

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 7/27/55

NAME OF CEMETERY OR CREMATORY Baltimore

LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 7/27/5

REGISTRAR'S SIGNATURE Edith Hurley

24. FUNERAL DIRECTOR Lassahn Funeral Home ADDRESS 7401 Belair Rd. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06298

6398

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cockeysville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hill Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cockeysville
STREET ADDRESS (If rural give location) Ivy Hill Road

3. NAME OF DECEASED: (Type or Print) (First) Nancy (Middle) Brown (Last) Dashiell

4. DATE OF DEATH: (Month) 7 (Day) 27 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 4-15-1869
9. AGE last birthday 86 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James T. Daniel
14. MOTHER'S MAIDEN NAME: Louise Rowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Mrs. Jessie A. Burwell, Cockeysville

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

IMMEDIATE CAUSE (A) Coronary insufficiency — 2 weeks.

DUE TO

ANTECEDENT CAUSE (S) (B) Arteriosclerotic cardio-vascular disease — years.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1951, to July 27, 1955, that I last saw the deceased alive on July 26, 1955, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

SIGNATURE Elizabeth B. Shurill M. D. ADDRESS Cockeysville Md. DATE SIGNED 7/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 7-29-55 — NAME OF CEMETERY OR CREMATORY Druid Ridge — LOCATION (City, town, or county) (State) Pikesville, Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 7/28/55 — REGISTRAR'S SIGNATURE Wm. J. Chilcoat

24. FUNERAL DIRECTOR Brooks Funeral Service — ADDRESS Sparks, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

6399

06299

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

Items 7,13 FilmG184 8-3-55 at

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 52
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp. 14

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson 55
STREET ADDRESS (If rural give location) 263 Linden Ave

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Belle (Last) Day

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 5-5-
9. AGE last birthday 76 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Owen M. Jones
14. MOTHER'S MAIDEN NAME: Laura Mason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) G
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Laura Allen - same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Congestive Heart Failure 260x

DUE TO

ANTECEDENT CAUSE (S) (B) Generalized arteriosclerosis

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Diabetes mellitus

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-18, 1955, to 7-24, 1955, that I last saw the deceased alive on 7-24, 1955, and that death occurred at 9 40 P M, from the causes and on the date stated above.

SIGNATURE William N. Jam, Jr. M. D. ADDRESS S.G.S.H. DATE SIGNED 7-24-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF July 27-55
NAME OF CEMETERY OR CREMATORY London Pk
LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REGISTRAR 7-26-55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Frank H. Seitz
ADDRESS 814 W 36th St

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

Item 18 Film G184 8-5-55 06300

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

21 6310

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 52
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridgeway Manor Nursing Home 90

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01-4
STREET ADDRESS (If rural give location) 1917 Guilford Ave.

3. NAME OF DECEASED: (Type or Print) (First) SAMUEL (Middle) R. (Last) DEAN
4. DATE OF DEATH: (Month) July (Day) 28, (Year) 1955
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: July 26, 1881
9. AGE last birthday 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painting Contractor
10B. KIND OF BUSINESS OR INDUSTRY: (self Emp)
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Dean
14. MOTHER'S MAIDEN NAME: Mina Dulin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 3
16. SOCIAL SECURITY NO. 212-07-7675
17. INFORMANT & ADDRESS: Mrs. Raymond Wiedefeld-241 Rogers Forge Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

931.7 IMMEDIATE CAUSE (A) Prostration, Heat — 2 days

DUE TO

ANTECEDENT CAUSE (S): (B) Peritonitis — 1 days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) either paralytic ilius with seepage, or rupture of hollow viscus from vomiting

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma, Prostrate — 13 years

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Nursing Home
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) as in #1
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? Vomiting attendant upon the heat prostration

22. I hereby certify that I attended the deceased from 7-3, 1955, to 7-27, 1955, that I last saw the deceased alive on 7-27, 1955, and that death occurred at 10.05 A M, from the causes and on the date stated above.

SIGNATURE John F. Slaughter M. D. ADDRESS 401 Reisterstown Road DATE SIGNED 7-29-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF 8/1/55
NAME OF CEMETERY OR CREMATORY Loudon Park Cem.
LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 7-29-55
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons
ADDRESS Balto 17 Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

By Phone: Ridgeway Nursing Home, admitted 1/30/55. 8-5-55 ams

06301

MARYLAND

STATE DEPARTMETT OF HEALTH

6311

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 427 Murdock Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
STREET ADDRESS (If rural, give location) 427 Murdock Road

3. NAME OF DECEASED (Type or Print) (First) Miss (Middle) Bertha (Last) De Witt
4. DATE OF DEATH (Month) July (Day) 18th (Year) 19 55
5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Jan. 6, 1880
9. AGE last birthday 75 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress
10b. KIND OF BUSINESS OR INDUSTRY self emp
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Mr. Charles Edgar De Witt
14. MOTHER'S MAIDEN NAME Ella Huston
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If year, give war or dates of service)
16. SOCIAL SECURITY NO. 215-09-7504 A
17. INFORMANT AND ADDRESS Mr. John Anderson 612 Sussex Road #4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153X Immediate cause (a) Intestinal Obstruction

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Poss. Annular Ca. of Sigmoid

(c) Rt Hemiplegia - Arteriosclerotic

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1950, to July 18, 1955, that I last saw the deceased alive on July 18, 1955, and that death occurred at 4 P. m. from the causes and on the date stated above.
SIGNATURE Lawrence C. Koch (Degree or title) M.D. ADDRESS 6805 York Rd DATE SIGNED 7/20/55

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 21, 1955
NAME OF CEMETERY OR CREMATORY Parkwood Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 7/21/55
REGISTRAR'S SIGNATURE C. W. Hedrich Reg
24. FUNERAL DIRECTOR Leonard J. Ruck ADDRESS 5305 Harford Road #14

MARGIN RESERVED FOR BINDING

Dr. Post
6805 York Road
VA 3 2171

2-4

06302

MARYLAND

STATE DEPARTMETT OF HEALTH

6312 CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown | LENGTH OF STAY (in this place) 92 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) 69 Main Street

3. NAME OF DECEASED (Type or Print) (First) Blanche (Middle) H (Last) Dickson

4. DATE OF DEATH (Month) (Day) (Year) July 6, 1955 19

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH June 26, 1863 | 9. AGE last birthday 92 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework for self | 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Reisterstown, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Dr. Isaac N. Dickson

14. MOTHER'S MAIDEN NAME Mary E, Sears

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Dr. Isaac C. Dickson, Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153X Immediate cause (a) Generalized Carcinomatosis — 5 mo.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c) Carcinoma of head of Caecum — 1 yr ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Feb. 1955 | 19b. MAJOR FINDINGS OF OPERATION Carcinoma of Caecum c̄ metastasis | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? None.

22. I hereby certify that I attended the deceased from 2-21, 1942, to July 6, 1955, that I last saw the deceased alive on July 5, 1955, and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE D. D. Caples (Degree or title) MD. ADDRESS Reisterstown, Md. DATE SIGNED 7-7-'55

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE July 8, 1955 | NAME OF CEMETERY OR CREMATORY Luthern Cemetery | LOCATION (City, town, or county) (State) Reisterstown, Md.

DATE REC'D BY LOCAL REG. 7-12-55 | REGISTRAR'S SIGNATURE Mary Eline | 24. FUNERAL DIRECTOR J.F. Eline & Sons | ADDRESS Reisterstown, Md.

MARGIN RESERVED FOR BINDING

M

I

06304

MARYLAND

STATE DEPARTMETT OF HEALTH

6313

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (In this place) 24 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3 AUGUST AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
STREET ADDRESS (If rural, give location) 3 AUGUST AVE

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) W. (Last) DIETERICH

4. DATE OF DEATH (Month) July (Day) 8 (Year) 1955

5. SEX M.

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH MAR. 29, 1900

9. AGE last birthday 55 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) P.B.X. REPAIRMAN

10b. KIND OF BUSINESS OR INDUSTRY C & P. TELEPHONE Co.

11. BIRTHPLACE (State or foreign country) BALTO. MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME JOHN F. DIETERICH

14. MOTHER'S MAIDEN NAME MARGARET KUNERT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY No. (If year, give war or dates of service) 212-05-0663

17. INFORMANT AND ADDRESS MRS HILDA DIETERICH, 3 AUGUST AVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

180X

Immediate cause (a) Hypernephroma R Kidney

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastasis to Lung & Brain

(c)

INTERVAL BETWEEN ONSET AND DEATH 6 mon

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-2, 1955, to 7-8, 1955, that I last saw the deceased alive on 7-8, 1955, and that death occurred at 5 15 P.M., from the causes and on the date stated above.

SIGNATURE James S Howell (Degree or title) ADDRESS Catonsville DATE SIGNED 7-8

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE Jul. 11/55 NAME OF CEMETERY OR CREMATORY IMMANUEL CEMETERY LOCATION (City, town, or county) BALTO. MD. (State)

DATE REC'D BY LOCAL REG. 7/9/55 REGISTRAR'S SIGNATURE U. E. Harry

24. FUNERAL DIRECTOR Harry H. Witte ADDRESS 4101 EDMONDSON AVE.

MARGIN RESERVED FOR BINDING

06305

MARYLAND

STATE DEPARTMETT OF HEALTH

6314

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

M

I

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2704 Alden Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 2704 Alden Road

3. NAME OF DECEASED (Type or Print) (First) Mr. (Middle) Dominick (Last) Di Stefano
4. DATE OF DEATH (Month) July (Day) 17th (Year) 1955
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH July 10, 1908
9. AGE last birthday 47 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME Mr. Luigi Di Stefano
14. MOTHER'S MAIDEN NAME Stephanie Farace
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
16. SOCIAL SECURITY NO. (If year, give war or dates of service)
17. INFORMANT AND ADDRESS Mrs. Sadie Di Stefano 2704 Alden Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

157X

Immediate cause (a) Carcinoma of head of pancreas with generalized metastasis — 7 months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1955, to July, 1955, that I last saw the deceased alive on June 24, 1955, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE Elliott Kaufman (Degree or title) M.D. ADDRESS 8100 Harford Rd. DATE SIGNED 7-18-55

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 7-22-1955 — NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE Walter A. W. Flaherty

24. FUNERAL DIRECTOR Leonard J. Ruck — ADDRESS 5305 Harford Road #14

Dr. Grott
Dr. Harris
8100 Harford Road

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06306

6262

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY BALTO. CO. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HALETHROPE 51
LENGTH OF STAY (in this place) 28 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1705 CARROLL AVE 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY BALTO. CO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HALETHROPE 27 51
STREET ADDRESS (If rural give location) 1705 CARROLL AVE.

3. NAME OF DECEASED: (Type or Print) (First) HERTHA (Middle) M. (Last) DOERING

4. DATE OF DEATH: (Month) 7 (Day) 6 (Year) 55 19

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9/17/1895
9. AGE last birthday 59 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Naumann
14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: John Doering, same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

IMMEDIATE CAUSE (A) Carcinoma of Breast — INTERVAL BETWEEN ONSET AND DEATH 1949

ANTECEDENT CAUSE (S) DUE TO (B) & General Carcinomatosis 1955

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Myocardial Insuff 3 wks

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Jan 1950
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of left Breast
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1955, to July 6 1955, that I last saw the deceased alive on Jan 6, 1955, and that death occurred at 9 30 a M, from the causes and on the date stated above.

SIGNATURE [illegible] M. D. ADDRESS 669 Main St Elkridge 27 Md DATE SIGNED 7/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 7/9/55
NAME OF CEMETERY OR CREMATORY: Meadowridge
LOCATION (City, town, or county) (State): Howard Co.

DATE REC'D BY LOCAL REGISTRAR: July 11, 55
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: [illegible] & Son
ADDRESS: Catons 28

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

06307

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

6315

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH · COUNTY: Baltimore · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville 52
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 601 Orpington Road 00

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville 52
STREET ADDRESS (If rural, give location): 601 Orpington Road

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) MARY (Last) DONALDSON
4. DATE OF DEATH (Month) (Day) (Year): July 16, 1955 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 9-27-1871
9. AGE last birthday: 83 yrs. · If under 1 year: Months Days · If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Taylor
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No · (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Beatrice Long, Catonsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X

Immediate cause (a) Hypertensive CV Disease — 10 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1955 to July 16, 1955, that I last saw the deceased alive on July 16, 1955, and that death occurred at 8 p m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) ADDRESS: Ellicott City, Md DATE SIGNED: 7/18/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7-19-55
NAME OF CEMETERY OR CREMATORY: Good Shepherd
LOCATION (City, town, or county) (State): Ellicott City, Md

DATE REC'D BY LOCAL REG.: 7/18/55
REGISTRAR'S SIGNATURE: V. E. Harry
24. FUNERAL DIRECTOR: F.C. Higinbothom, Ellicott City, Md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

06308

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6316

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Baltimore X
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Windsor Mill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Baltimore #7
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Baltimore X
STREET ADDRESS (If rural give location) Windsor Mill Rd.

3. NAME OF DECEASED: (Type or Print) (First) Hugh (Middle) — (Last) Douds

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 12/7/86
9. AGE last birthday 68 yrs.
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stationary Fireman
10B. KIND OF BUSINESS OR INDUSTRY: Cane
11. BIRTHPLACE (State or foreign country): Mungavie, Scotland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Douds Hugh
14. MOTHER'S MAIDEN NAME: Sarah Lees

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. -151-05-6697
17. INFORMANT & ADDRESS: James Lester - Son in law

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X
IMMEDIATE CAUSE (A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 month

DUE TO

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) Diabetes mellitus — 5 yrs

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 27, 1951, to July 11, 1955, that I last saw the deceased alive on July 6, 1955, and that death occurred at 11:05 AM, from the causes and on the date stated above.

SIGNATURE Edwin G. Purpsith M. D. ADDRESS 8204 Liberty Rd DATE SIGNED 7/11/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7/14/55
NAME OF CEMETERY OR CREMATORY Memorial Park
LOCATION (City, town, or county) Pattison (State) N.J.

DATE REC'D BY LOCAL REGISTRAR 7-11-55
REGISTRAR'S SIGNATURE

WILLIAM J. TICKNER & SONS* BALTO. 17, MD.

M

I

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06309

6317

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH

COUNTY Baltimore MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 52

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 39 Bloomsbury Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Balto.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 52

STREET ADDRESS (If rural give location) 39 Bloomsbury Ave.

3. NAME OF DECEASED: (Type or Print) (First) LEON (Middle) J. (Last) DOUGLASS

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: May 27, 1893

9. AGE last birthday 62 yrs.

IF UNDER 1 YEAR: Months Days

IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): salesman

10B. KIND OF BUSINESS OR INDUSTRY: self employed

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: Katherine Buckingham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Pauline Douglass-39 Bloomsbury Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Cardiac Standstill — INTERVAL BETWEEN ONSET AND DEATH —

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) Recurrent Coronary Occlusion (3) — 2 mos

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1/55 to 7/28/55 that I last saw the deceased alive on 7/27, 1955, and that death occurred at 2:40 PM, from the causes and on the date stated above.

SIGNATURE Victor F. King M.D. ADDRESS DATE SIGNED 7/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 8/1/55

NAME OF CEMETERY OR CREMATORY Loudon Park Cem.

LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 7-29-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Wm. J. Tickner & Sons

ADDRESS Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06310

6318

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Mt. Wilson
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 02 Mt. Wilson State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural 02X-2
STREET ADDRESS (If rural give location) Gambrills, Maryland

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) Edward (Last) DOVE Sr.

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1955

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 22, 1893
9. AGE last birthday 61 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Tobacco
11. BIRTHPLACE (State or foreign country): Cumberstone Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sam Dove
14. MOTHER'S MAIDEN NAME: Cora Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: E.R. Hodil Mt. Wilson Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — 3 days

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) arteriosclerosis — 10 years.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 29 1955 to July 8 1955 that I last saw the deceased alive on July 5, 1955, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE William Nuremm M.D. ADDRESS Mt. Wilson Md. DATE SIGNED July 8, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7/11/55
NAME OF CEMETERY OR CREMATORY Mt Zion
LOCATION (City, town, or county) Mt Zion (State) MD.

DATE REC'D BY LOCAL REGISTRAR July 11, 1955
REGISTRAR'S SIGNATURE Dorothy Turnell
24. FUNERAL DIRECTOR John M. Taylor & Sons
ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06311

6319 **CERTIFICATE OF DEATH** Reg. Dist. No. .....

1. NAME OF DECEASED (Type or Print): LOUIS JOHN DREXEL, Jr.

2. DATE OF DEATH: 1st July 1955

3. PLACE OF DEATH: A. Baltimore City, Maryland 6811 Bellona Ave.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): X 6811 Bellona Ave.

C. Length of stay in Baltimore: Yrs. 00 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE Md. B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Co. X

D. STREET ADDRESS (If rural, give location): 6811 Bellona Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
male	white	Married	Sept. 7, 1907	47				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ship Sealer

10B. KIND OF BUSINESS OR INDUSTRY: self employed

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis J. Drexel

14. MOTHER'S MAIDEN NAME: Marie Hopke

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): yes (If yes, give war or dates of service): World War II

16. SOCIAL SECURITY NO.: 215-03-3935

17. INFORMANT: Mrs. Lilyan M. Drexel ADDRESS: 6811 Bellona Ave.

MEDICAL CERTIFICATION

18. 420.1

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Acute Coronary Occlusion (Recurrent) — INTERVAL BETWEEN ONSET AND DEATH: Instant.

DUE TO

(B) Previous Acute Coronary Occlusion 11 Apr. 1955.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11 April, 1955 *to* 1st July, 1955, *that I last saw the deceased alive on* 1st July, 1955, *and that death occurred at* 12:40 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Joseph E. Muse Jr M. D.

23B. ADDRESS: 5 West 29th St. Balto 18.

23C. DATE SIGNED: 1st July 1955

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/5/55

24C. NAME OF CEMETERY OR CREMATORY: Balto. National

24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: 7-5-55

REGISTRAR'S SIGNATURE: H. W. Hedrick

25. FUNERAL DIRECTOR: Wm. A. Tickner & Sons

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially int. Physicians: please write the causes of death clearly and legibly.

U.S. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06312

6320

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middle River, Balto. 20 54
LENGTH OF STAY (in this place) 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Iron Court

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River Balto. 20 54
STREET ADDRESS (If rural give location) 10 Iron Court

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Washington (Last) Ensor

4. DATE OF DEATH: (Month) 7 (Day) 10 (Year) 1955

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 6-7-1869
9. AGE last birthday 86 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10B. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Shadrach Ensor
14. MOTHER'S MAIDEN NAME: Rebecca Chilcoat

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
16. SOCIAL SECURITY NO. 719-12-5724
17. INFORMANT & ADDRESS: wife - above address

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

IMMEDIATE CAUSE (A) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH 24 hrs

DUE TO

ANTECEDENT CAUSE (S) (B) Pneumonia - Carbine Fiolme — 1 week

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO

(C) Generalized Arteriosclerosis — —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1955, to July 10, 1955, that I last saw the deceased alive on July 10, 1955, and that death occurred at 8 37 p M, from the causes and on the date stated above.

SIGNATURE Joseph Lawrence M.D. ADDRESS 30 Chamberlain Rd Balto 20 DATE SIGNED 7/11/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7-13-55
NAME OF CEMETERY OR CREMATORY Black Rock
LOCATION (City, town, or county) (State) Butler, Balto Co. Md.

DATE REC'D BY LOCAL REGISTRAR 7-19-5
REGISTRAR'S SIGNATURE Earl Hurley
24. FUNERAL DIRECTOR Brooks Funeral Service
ADDRESS Sparks, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

06313

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6321

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 65 days
52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove St. Hosp. Catonsville, Md.
14

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY 3401-4
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore # 29
STREET ADDRESS (If rural give location) 4404 Mountview Rd.

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) — (Last) Evans

4. DATE OF DEATH: (Month) 7 (Day) 28 (Year) 1955

5. SEX: M.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): mar.
8. DATE OF BIRTH: 7/15/75
9. AGE last birthday 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): welder
10B. KIND OF BUSINESS OR INDUSTRY: Shipbuilding
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Evans
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-07-2397
17. INFORMANT & ADDRESS: Hospital's Records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1 IMMEDIATE CAUSE	(A)	Acute coronary occlusion	few minutes
ANTECEDENT CAUSE (S) DUE TO	(B)	Arteriosclerosis	several years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 1002X DUE TO	(C)	Senility	several years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Tuberculosis of Lungs — unknown

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 27, 1955, to July 28, 1955 that I last saw the deceased alive on July 28, 1955, and that death occurred at 5:25 PM, from the causes and on the date stated above.

SIGNATURE Bruno Radauskas M. D. ADDRESS Spring Grove St. Hosp. Catonsville DATE SIGNED 7/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 8/1/55
NAME OF CEMETERY OR CREMATORY Loudon Park Cem.
LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 7-29-55
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Wm. J. Vickers & Sons
ADDRESS Balto 17, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

06314

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

6251

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 22 — LENGTH OF STAY (In this place) 3 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1401 Vesper Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 22
STREET ADDRESS (If rural, give location) 6549 Parnell Ave.

3. NAME OF DECEASED (Type or Print): (First) ALBERT (Middle) WAINWRIGHT (Last) EVERHART
4. DATE OF DEATH (Month) July (Day) 24 (Year) 1955
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 7/31/26
9. AGE last birthday 28 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanic
10b. KIND OF BUSINESS OR INDUSTRY steel
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME Victor Everhart
14. MOTHER'S MAIDEN NAME May Leishear
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. 219-129-811
17. INFORMANT AND ADDRESS Victor Everhart-1401 Vesper Ave. Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

416X

Immediate cause (a) Rheumatic Carditis — 22 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW ~~DID~~ INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED
J. B. Davis M.D. Deputy Examiner Dundalk-Vesper Md 7/25/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7/26/55 — NAME OF CEMETERY OR CREMATORY St. Paul's — LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. July 25, 1955 — REGISTRAR'S SIGNATURE William M. Kelly — FUNERAL DIRECTOR Walter Brooks Bradley, Inc. — ADDRESS Dundalk, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

6322

06315

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 41

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Baltimore #6
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 258 Lemmings Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN
STREET ADDRESS Same (Usual place location)

3. NAME OF DECEASED: (Type or Print) (First) Louis (Middle) Frederick (Last) Evening.

4. DATE OF DEATH (Month) July (Day) 22 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married.

8. DATE OF BIRTH: Apr. 12 1884

9. AGE Last Birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Retired.

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Balto. Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Christian F. Evening.

14. MOTHER'S MAIDEN NAME: Margaret A. Schuler.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 216-07-4900

17. INFORMANT & ADDRESS: Christian F. Evening (Son).

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary occlusion. — INTERVAL BETWEEN ONSET AND DEATH: Immediate.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardio Vascular disease.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) July (Day) 22 (Year) 55 (Hour) 8 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☑

21f. HOW DID INJURY OCCUR? none.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. McCormine M.D. M. D.

~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ~~ASSISTANT MEDICAL EXAM.~~ ☑

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 7-25-55

NAME OF CEMETERY OR CREMATORY Holy Redeemer

LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG. 7-25-55

REGISTRAR'S SIGNATURE H. Hedrick

24. FUNERAL DIRECTOR Leonard J. Luck

ADDRESS 5305 Harford

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

06316

6323

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON — LENGTH OF STAY (In this place) 9 years
55
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sheppard + Enoch Pratt Hosp
13

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring 15.56-2
STREET ADDRESS (If rural, give location) P. O. Box 306

3. NAME OF DECEASED (Type or Print): (First) STERLING (Middle) DONALD (Last) EWALD
4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 9 July 1900
9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Louis P Ewald
14. MOTHER'S MAIDEN NAME: Golden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paranoid Schyzophrenia with post-traumatic operative syndrome (Lobotomy)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 17, 1946, to July 31, 1955, that I last saw the deceased alive on July 30, 1955, and that death occurred at 4 25 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Harry M. Hurdell M.D. July 31, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: July 31, 1955 — NAME OF CEMETERY OR CREMATORY: Martin W. Hyong F.H. — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: July 31, 1955 — REGISTRAR'S SIGNATURE: Mabel C. Gray — 24. FUNERAL DIRECTOR: Martin W. Hyong Co. — ADDRESS: 1300 N St. N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06317

6324

CERTIFICATE OF DEATH

Reg. Dist. No. 4 X

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 7 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE 3V01-4
STREET ADDRESS (If rural give location) 215 E. BELVEDERE AVENUE

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) J. (Last) FAIDLEY

4. DATE OF DEATH: (Month) JULY (Day) 16 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: 11/24/06
9. AGE last birthday 48 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER OF SEAFOOD STALL
10B. KIND OF BUSINESS OR INDUSTRY: SEAFOOD
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN W. FAIDLEY
14. MOTHER'S MAIDEN NAME: FLOSSIE DICKEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW-II
16. SOCIAL SECURITY NO. 213-03-6739
17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0

IMMEDIATE CAUSE (A) CIRRHOSIS OF THE LIVER — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

DUE TO

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 3
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) M. OF INJURY
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY 9, 1955, to JULY 16 1955, and that death occurred at 3:20P M, from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT, M.D. M.D. ADDRESS VAH, FORT HOWARD, MD. DATE SIGNED 7/17/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF 7/20/55 — NAME OF CEMETERY OR CREMATORY LOUDON PARK CEMETERY — LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 7/18/55 — REGISTRAR'S SIGNATURE U. O. Hedrick

24. FUNERAL DIRECTOR WILLIAM J. TICKNER & SON INC. ADDRESS NORTH & PENNSYLVANIA AVE. BALTO., MD.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

06318

MARYLAND STATE DEPARTMENT OF HEALTH

6252

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK 22 | LENGTH OF STAY (in this place) 2 WKS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7524 DURWOOD Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W. VA. COUNTY KANAWHA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HANDLEY 85 X - 3
STREET ADDRESS (If rural, give location) (RURAL)

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) JAMES (Last) FILBIN
4. DATE OF DEATH (Month) JULY (Day) 21, (Year) 1955
5. SEX M
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH JAN. 31, 1901
9. AGE last birthday 54 yrs. | If under 1 year: Months — Days — | If under 24 hrs.: Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BRAKEMAN
10b. KIND OF BUSINESS OR INDUSTRY RAILROAD
11. BIRTHPLACE (State or foreign country) W. VA.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME JOHN FILBIN
14. MOTHER'S MAIDEN NAME ADDIE REYNOLDS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT WM. R. LIPFORD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertensive C-V-D Decsc — 4-5 yrs.
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED
W. R. Davis M.D. Deputy Med. Examiner Dundalk-22-Md - 7/21/55

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE THEREOF 7-25-55 | NAME OF CEMETERY ~~OR CREMATORY~~ DONWOOD CEMETERY | LOCATION (City, town, or county) MORRIS CREEK (State) W. VA.
DATE REC'D BY LOCAL REG. July 21-1955 | REGISTRAR'S SIGNATURE William M. Kelly
24. FUNERAL DIRECTOR Walter Porter | ADDRESS Beckley, Raleigh, WV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06319

6325

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Baltimore County MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Towson
LENGTH OF STAY (in this place) 15 years
55
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sheppard & Enoch Pratt Hospital
13

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 21-03-2
STREET ADDRESS (If rural give location) 117 S. Potomac Street

3. NAME OF DECEASED: (Type or Print) (First) Jela (Middle) Hoffman (Last) Firey

4. DATE OF DEATH: (Month) 7 (Day) 5 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: 11/6/72

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): hous ewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph T. Hoffman

14. MOTHER'S MAIDEN NAME: Mary McCauly

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
422.1 Immediate cause	(a) Broncho pneumonia	Term.
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Chronic myocarditis	10 yr +
DUE TO		
	(c) Generalized arteriosclerosis	"

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Manic depressive Psychosis: Depressed 15 yr +

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 30, 1940, to July 5, 1955, that I last saw the deceased alive on July 5, 1955, and that death occurred at 9:30 PM, from the causes and on the date stated above.

SIGNATURE W. W. Elgin M.D. (Degree or title) THE SHEPPARD & ENOCH PRATT HOSPITAL ADDRESS Towson, Md. DATE SIGNED 7/6/55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF 7/8/55 NAME OF CEMETERY OR CREMATORY Rose Hill LOCATION (City, town, or county) (State) HAGERSTOWN, MD

DATE REC'D BY LOCAL REGISTRAR 7-5-55 REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR Norment Funeral Home. ADDRESS 308 S. Potomac St. Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

06220

6326

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 495 Fitch Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
STREET ADDRESS (If rural, give location) 495 Fitch Ave

3. NAME OF DECEASED (Type or Print): (First) John (Middle) R. (Last) Foard

4. DATE OF DEATH (Month) July (Day) 27 (Year) 1955

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH Nov. 8th 1904 | 9. AGE last birthday 50 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrical Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Auto
11. BIRTHPLACE (State or foreign country) Balto. Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frank B. Foard
14. MOTHER'S MAIDEN NAME Hattie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 212-01-0814
17. INFORMANT AND ADDRESS Mrs. John R. Foard

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Myocardial infarction

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Coronary thrombosis
(c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paroxysmal auricular tachycardia — 2 years.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 29, 1945, to May 28, 1955, that I last saw the deceased alive on May 28, 1955, and that death occurred at 7:45 P.m., from the causes and on the date stated above.

SIGNATURE Harvey L. Fuller | (Degree or title) MD | ADDRESS Rogers Rd Baltimore 6 | DATE SIGNED July 28/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 7/30/55 | NAME OF CEMETERY OR CREMATORY Parkwood | LOCATION (City, town, or county) Balto. City (State) Md

DATE REC'D BY LOCAL REG. July 28/55 | REGISTRAR'S SIGNATURE Mrs. M. D. Reifsnider | 24. FUNERAL DIRECTOR Lassahn Funeral Home | ADDRESS 1401 Belair Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Fuller

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06321

6327

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH:
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middleborough
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middleborough
STREET ADDRESS (If rural give location) 345 St George Road

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) A (Last) Foley
4. DATE OF DEATH: (Month) 7 (Day) 1 (Year) 1955

5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: Aug 13 1882
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Strobel
14. MOTHER'S MAIDEN NAME: Elizabeth Bailey

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Mabel Hall 345 St George Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cerebral hemorrhage. — Interval Between Onset And Death: 2 d.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertensive Cardiovascular dis. — Several yrs.

DUE TO

(c) Generalized arteriosclerosis — Several yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to July 30 1955, that I last saw the deceased alive on 6/30, 1955, and that death occurred at 11:30 PM, from the causes and on the date stated above.

SIGNATURE J. Blatt (Degree or title) MD ADDRESS 434 Eastern Ave. Essex Md. DATE SIGNED 7/1/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 4/55
NAME OF CEMETERY OR CREMATORY New Cathedral Cem
LOCATION (City, town, or county) Baltimore (State)

DATE REC'D BY LOCAL REGISTRAR July 5, 1955
REGISTRAR'S SIGNATURE Mrs. Edith Turley
24. FUNERAL DIRECTOR Uhlich Funeral Home
ADDRESS 4210 Belair Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06322

6328

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:

COUNTY BALTO MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BOWLEYS QUARTERS

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS BOX 310A GOOSE HARBOR RD

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD COUNTY BALTO

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BOWLEYS QUARTERS

STREET ADDRESS (If rural, give location) BOX 310 A GOOSE HARBOR RD.

3. NAME OF DECEASED: (Type or Print) (First) IRWIN (Middle) D (Last) FOSTER

4. DATE OF DEATH: (Month) 7 (Day) 26 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 6/24/1882

9. AGE last birthday: 73 yrs.

IF UNDER 1 YEAR: Months Days

IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: WELDER

11. BIRTHPLACE (State or foreign country): PENN.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: DUDLEY T FOSTER

14. MOTHER'S MAIDEN NAME: MARTHA DAVID

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

181X

Immediate cause (a) Cerebro-Vascular accident — 2 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Carcinoma of Bladder — 2 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 24, 1955, to July 26, 1955, that I last saw the deceased alive on July 26, 1955, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE W M Baumgardner (DEGREE OR TITLE) M.D. ADDRESS Baltimore Md DATE SIGNED 7/27/55

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF 7/29/55

NAME OF CEMETERY OR CREMATORY ST. STEPHENS

LOCATION (City, town, or county) BRADSHAW (State) MD.

DATE REC'D BY LOCAL REG. 7-28-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR John H Connelly. ADDRESS Essex md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

6329

06323

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 2, Film 185 7-13-55 et

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 41

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Lodge Forest 19
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Same —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ---
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore 22 3V01.4
STREET ADDRESS (If rural, give location) 2211 Aiken Street

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) A (Last) Fulda

4. DATE OF DEATH (Month) July (Day) 4 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Sept. 26, 1888

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Owner

10b. KIND OF BUSINESS OR INDUSTRY: Transfer Co

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank W. Fulda

14. MOTHER'S MAIDEN NAME: Mary F. Dulaney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs R. Fulda 2211 Aiken St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 850X

Immediate cause (a) DROWNING — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Myocarditis

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY N.W. Creek

21c. (City or town) Lodge Forest 19 (County) Balto (State) Md

21d. TIME OF INJURY (Month) 7 (Day) 4 (Year) 55 (Hour) 5:30 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Went to prepare boat for fishing trip

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [illegible] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 7/6/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF July 7th 1955

NAME OF CEMETERY OR CREMATORY New Leatherdale

LOCATION (City, town, or county) Edmondson Ave (State)

DATE REC'D BY LOCAL REG. 7/6/55

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Leo B. Cook 1701-03 N. Patterson Park ave

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

06324

6339

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Villa Nova — LENGTH OF STAY (in this place): 8 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Katherine Robb Nursing Home 4105 Essex Road.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 2901 St. Paul St.

3. NAME OF DECEASED (Type or Print): (First) GERTRUDE (Middle) LILLIAN (Last) GARRATT

4. DATE OF DEATH (Month) July (Day) 22 (Year) 19 55

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: Dec. 30, 1885

9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: — — —

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: David Garratt

14. MOTHER'S MAIDEN NAME: Mary Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mr. David R. Garrett 3919 Yolando Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 **Immediate cause** (a) Cerebro-vascular thrombosis — 8 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized arteriosclerosis — 15 years

260 (c) Hypertensive cardiovascular disease — 20 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 25 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 46, 1946 to July 22, 1955, that I last saw the deceased alive on July 22, 1955, and that death occurred at 2:25 P.M., from the causes and on the date stated above.

SIGNATURE: Herbert J. Gruber-Lewis (Degree or title) M.D. — ADDRESS: Riviera Apts Pate Drive — DATE SIGNED: July 23, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: July 23, 1955 — NAME OF CEMETERY OR CREMATORY: Mt. Carmel Cemetery — LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REG.: 7-25-55 — REGISTRAR'S SIGNATURE: Ethel Hedrick

24. FUNERAL DIRECTOR: HENRY SANDER & SONS. INC. Baltimore Md. — ADDRESS: Geo. F. Sander

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06325

6331

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY BALTO. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE
LENGTH OF STAY (in this place) 40 yrs.
52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital
14

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO. Vol. 4
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE CITY
STREET ADDRESS (If rural give location) Last address- 2122 No. Fulton Ave.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) B. (Last) GEES.

4. DATE OF DEATH: (Month) 7 (Day) -2- (Year) 55 19

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: May 16, 1890
9. AGE last birthday 65 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PLUMBER
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard H. Gees
14. MOTHER'S MAIDEN NAME: Charlotte Mansfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NONE
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: RUTH GEES - 512 Castle Rd, Balto. 12

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
451X IMMEDIATE CAUSE	(A) Gangrene left leg	2 mo
ANTECEDENT CAUSE (S): DUE TO		months
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(B) Arteriosclerotic aneurysm abdominal -aorta	
	(C) Generalized arteriosclerosis	years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 6/29/55 3
19B. MAJOR FINDINGS OF OPERATION: Low third thigh amputation left leg; Arteriosclerotic gangrene foot and leg
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-15-, 1965, to 7-2-, 1955, that I last saw the deceased alive on 7-2-, 19 55 and that death occurred at 8:50 PM, from the causes and on the date stated above.

SIGNATURE Harold Edwards MD ADDRESS Spring Grove State Hosp. DATE SIGNED 7-2-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: July 5, 1955
NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: JUL 4 - 1955
REGISTRAR'S SIGNATURE: Huntington Williams, M.D.
24. FUNERAL DIRECTOR: Wm. J. Tickner & Son
ADDRESS: Balto. 5, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

6326

6332

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Balto 20 — LENGTH OF STAY (in this place) 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boy 704. E Side Blackhead Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
STREET ADDRESS (If rural, give location) 614. Woodbine Ave Towson 4

3. NAME OF DECEASED (Type or Print): (First) H (Middle) Grant (Last) German
4. DATE OF DEATH: (Month) July (Day) 16 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Dec 17-1870
9. AGE last birthday: 84 yrs. — If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor
10b. KIND OF BUSINESS OR INDUSTRY: OWN. Business
11. BIRTHPLACE (State or foreign country): Balto Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Howell Price German.
14. MOTHER'S MAIDEN NAME: Catherine P. Stahl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS: Mrs Grant German #704 E Side Blackhead Rd Md Balto 20

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

592X

Immediate cause (a) Chronic Nephritis — 6 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: no
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1st, 1955, to July 17, 1955, that I last saw the deceased alive on July 17, 1955, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

SIGNATURE: James F. White (Degree or title) M.D. ADDRESS: 422 Eastern Ave Baltimore 21, Md DATE SIGNED: 7/19/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 7/20/55 — NAME OF CEMETERY OR CREMATORY: Waugh Chapel Meth — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 7/24/5 — REGISTRAR'S SIGNATURE: Edith Hurley — 24. FUNERAL DIRECTOR: Lassahn Funeral Home — ADDRESS: 7401. Belair Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. White
422 Eastern Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06327

6333

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
LENGTH OF STAY (in this place) 74yr
55
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bodda Nursing Home
90

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
55
STREET ADDRESS (If rural give location) 35 Willow Ave

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Morris (Last) German

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify):
8. DATE OF BIRTH: Oct 25-1880
9. AGE last birthday 74 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Lumber Hardware
11. BIRTHPLACE (State or foreign country): Towson Md.
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Henry German
14. MOTHER'S MAIDEN NAME: Francis Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-09-1149
17. INFORMANT'S ADDRESS: Wm H German 628 Annadale Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

ANTECEDENT CAUSE (S) (B) Arterio-sclerosis — 5 year

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1936, to 2 July, 1955, that I last saw the deceased alive on 2 July, 1955, and that death occurred at 6A M, from the causes and on the date stated above.

SIGNATURE Charles H. Pere M. D. ADDRESS 6701 York Rd Balto 12 Md DATE SIGNED 2 July 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF July 5-1955
NAME OF CEMETERY OR CREMATORY Prospect Hill
LOCATION (City, town, or county) (State) Towson Md.

DATE REC'D BY LOCAL REGISTRAR July 2, 1955
REGISTRAR'S SIGNATURE Mabel C. Gray
24. FUNERAL DIRECTOR John Burns Co
ADDRESS 6107 York Rd.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06328

6263

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1213

51

4

10

1. PLACE OF DEATH:

COUNTY BALTIMORE MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HALETHORPE

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 1208 FRANCIS AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY BALTIMORE

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HALETHORPE 51

STREET ADDRESS (If rural give location) 1208 FRANCIS AVE 1

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) H. (Last) GITTINGS

4. DATE OF DEATH: (Month) JULY (Day) 2 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: AUG 6 1887

9. AGE last birthday 67 yrs.

IF UNDER 1 YEAR: Months Days

IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): MARYLAND.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN MULLEN

14. MOTHER'S MAIDEN NAME: LAURA CANNON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N

16. SOCIAL SECURITY NO. (If Yes, give war or dates of service) NONE

17. INFORMANT & ADDRESS: LAMBERT R. GITTINGS 1208 FRANCIS AVE

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE (A) apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSE (S) DUE TO (B) chr myocarditis — 2 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) hypertension — 5 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. General osteosclerosis — 5 yrs

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1955, to July 2, 1955 that I last saw the deceased alive on July 2 1955, and that death occurred at 3:20 P.M., from the causes and on the date stated above.

SIGNATURE Dr. B. Brumbaugh — ADDRESS 1809 Main St Elkridge 27 Md — DATE SIGNED 7/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF JULY 5, 1955 — NAME OF CEMETERY OR CREMATORY WOODLAWN — LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR July 4 55 — REGISTRAR'S SIGNATURE H. Kieffer

24. FUNERAL DIRECTOR Joseph T. Ambrose — ADDRESS 1327 Lafayette Ap. Bal.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

06333

MARYLAND STATE DEPARTMENT OF HEALTH

6333

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 32

1. PLACE OF DEATH · COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Pikesville — LENGTH OF STAY (In this place): X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Pikesville — X
STREET ADDRESS (If rural, give location): 715 Silver Creek Rd.

3. NAME OF DECEASED (Type or Print): (First) Deborah (Middle) Ann (Last) Gjerulff
4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: July 9, 1955
9. AGE last birthday: yrs. — If under 1 year: Months 3 Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Richard M. Gjerulff
14. MOTHER'S MAIDEN NAME: Rita Weller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service): 9
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Richard M. Gjerulff

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

9240

Immediate cause (a) asphyxia (accidental) — 2 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None. — 19b. MAJOR FINDINGS OF OPERATION: None. — 20. AUTOPSY? Yes ☐ No X

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home — (CITY OR TOWN) Pikesville — (COUNTY) Balto. — (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) July 14 '55 (Hour) 8 a.m. — INJURY OCCURRED While at work ☐ Not while at work X — HOW DID INJURY OCCUR? Baby suffocated while lying on stomach

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: L. L. Caples — (Degree or title) M.D. — ADDRESS: Reisterstown, Md. — DATE SIGNED: 7-14-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/14/55 — NAME OF CEMETERY OR CREMATORY: St Charles Cemetery — LOCATION (City, town, or county): Pikesville — (State) Maryland

DATE REC'D BY LOCAL REG. July 14, 1955 — REGISTRAR'S SIGNATURE: Marietta A. Merrill — 24. FUNERAL DIRECTOR: Frank H. Newell — ADDRESS: Pikesville

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

9V7599V9AV

06329

6334

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

Item 12, Film G184 7-14-55 et

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH COUNTY Baltimore 19 MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere. LENGTH OF STAY (in this place) 50 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS At Home

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Balto.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere

STREET ADDRESS (If rural, give location) Box 370 North Point Rd

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) (Last) GOLOMBOWSKI

4. DATE OF DEATH (Month) JULY (Day) 7TH (Year) 1955

5. SEX Female **6. COLOR OR RACE** White **7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify) Widow **8. DATE OF BIRTH** Oct 1871? **9. AGE** last birthday 83 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife **10b. KIND OF BUSINESS OR INDUSTRY**

11. BIRTHPLACE (State or foreign country) Poland **12. CITIZEN OF WHAT COUNTRY?** Poland

13. FATHER'S NAME John Wujcik **14. MOTHER'S MAIDEN NAME** unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.**

17. INFORMANT AND ADDRESS Anna Kane Box 370 North Point Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Cerebral Hemorrhage — 5 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Disease — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 6, 1955, to July 7, 1955, that I last saw the deceased alive on July 6, 1955, and that death occurred at 2 45 m., from the causes and on the date stated above.

SIGNATURE David Owens, M.D. (Degree or title) ADDRESS 914 D Street Balto. 19 DATE SIGNED 7/7/55

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 7/11/55 NAME OF CEMETERY ~~OR CREMATORY~~ Sacred Heart of Mary LOCATION (City, town, or county) (State) Vernon Hill Rd

DATE REC'D BY LOCAL REG. 7-8-55 REGISTRAR'S SIGNATURE A. W. Hedrich L.R. **24. FUNERAL DIRECTOR** George A. Weber ADDRESS 705 S. Ann st.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06330

6335

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:
COUNTY Baltimore County MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Riley
LENGTH OF STAY (in this place) 2 months 9 days
51
HOSPITAL OR INSTITUTION OR STREET ADDRESS Riley Hill Hospital
90

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sorrey, md. 02X-2
STREET ADDRESS (If rural give location) Forest Road.

3. NAME OF DECEASED: (Type or Print) (First) Louis (Middle) (Last) Gottlieb

4. DATE OF DEATH: (Month) July (Day) 7 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 11/26/1877
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leon Gottlieb
14. MOTHER'S MAIDEN NAME: Elizabeth Rider

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): 9
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Richard Hyerding - Forest Rd, Sorrey Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.0
Immediate cause (a) Congestive heart failure — 4 months
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart disease — Several yrs.
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Auricular fibrillation — ?

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/29/, 1955, to 7/7/, 1955, that I last saw the deceased alive on 7/6/, 1955, and that death occurred at 4:50 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Louis P. Tumbry M.D. ADDRESS DATE SIGNED 7/7/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/9/55
NAME OF CEMETERY OR CREMATORY Woodlawn
LOCATION (City, town, or county) (State) Woodlawn, Md
DATE REC'D BY LOCAL REGISTRAR 7-9-55
REGISTRAR'S SIGNATURE L.W. Adams
24. FUNERAL DIRECTOR Austin E. Donovan
ADDRESS 3818 Roland Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06331

CERTIFICATE OF DEATH

6336

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 51yrlmo29days
52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital
14

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
3Y01-4
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) (Last) Guerin

4. DATE OF DEATH: (Month) July (Day) 26, (Year) 19 55

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1881
9. AGE last birthday 74? yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY? Austria

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

430.0

IMMEDIATE CAUSE (A) Cerebral hemorrhage

DUE TO

ANTECEDENT CAUSE (S) (B) Subacute vegetative endocarditis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-27- , 19 04 to 7-26- , 19 55 that I last saw the deceased alive on 7-26- , 19 55, and that death occurred at 8:10 PM, from the causes and on the date stated above.

SIGNATURE S. Wachsler M. D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 7-26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 8-2-55
NAME OF CEMETERY OR CREMATORY Spring Grove State Hospital
LOCATION (City, town, or county) (State) Catonsville 28, Maryland

DATE REC'D BY LOCAL REGISTRAR 8-2-55
REGISTRAR'S SIGNATURE V. E. Harry
24. FUNERAL DIRECTOR Spring Grove State Hospital
ADDRESS Catonsville Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06332

6337

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3Y01-4
STREET ADDRESS (If rural give location) 2206 Maryland Ave

3. NAME OF DECEASED: (Type or Print) (First) Madeline (Middle) Benson (Last) Gwynn

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 2, 1891
9. AGE last birthday 64 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? Usa

13. FATHER'S NAME: Thomas Benson
14. MOTHER'S MAIDEN NAME: Eva Crouch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

332X

IMMEDIATE CAUSE (A) Cerebral Thrombosis

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 July, 1955, to 12 July, 1955, that I last saw the deceased alive on 12 July, 1955, and that death occurred at 2:55 AM, from the causes and on the date stated above.

SIGNATURE Louis Frances Woodward M.D. ADDRESS Spring Grove State Hospital Catonsville DATE SIGNED 7-12-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF July 14 '55
NAME OF CEMETERY OR CREMATORY Lorraine
LOCATION (City, town, or county) Woodlawn (State)

DATE REC'D BY LOCAL REGISTRAR 7-12-55
REGISTRAR'S SIGNATURE A.W. Hedrich
dmr.
24. FUNERAL DIRECTOR Stewart Mann Co.
ADDRESS 1081 W. North

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06334

6339

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MIDDLE RIVER 54
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 22 MAXWELL RD. 60

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MIDDLE RIVER 54
STREET ADDRESS (If rural, give location) 22 MAXWELL ROAD

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) (Last) HARRELL

4. DATE OF DEATH: (Month) JULY (Day) 14 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: 3-20-86

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months 3 Days 27 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): NORTH CAROLINA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: WILLIAM MOSLEY

14. MOTHER'S MAIDEN NAME: SALLIE BUCHANAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

Immediate cause 443X (a) Cerebral Vascular accident

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) H.T. C.V.D.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-11, 1955, to 7-14, 1955 that I last saw the deceased alive on 7-13, 1955, and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE Marvin Rombro, M.D. (DEGREE OR TITLE) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

DATE THEREOF 7-14-55

NAME OF CEMETERY OR CREMATORY MIDDLE DIST. CEM.

LOCATION (City, town, or county) BERULADINE (State) N.C.

DATE REC'D BY LOCAL REG. 7-14-55

REGISTRAR'S SIGNATURE Edith Hurley

24. FUNERAL DIRECTOR JOHN G. CONNELLY ADDRESS ESSEX, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

06335

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

6340

Reg. Dist. No. 4X

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) ~~1 Day~~ 12 hr 45 Min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE 3401-4
STREET ADDRESS (If rural give location) 1404 DARLEY AVENUE

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) A. (Last) HATCH

4. DATE OF DEATH: (Month) JULY (Day) 31 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED
8. DATE OF BIRTH: 2/3/93 or 2/3/95
9. AGE last birthday 62 or 60 Years; IF UNDER 1 YEAR: Months 5 Days 28; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PRINTER
10B. KIND OF BUSINESS OR INDUSTRY: YOUNG & SELDEN CO.
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES M. HATCH
14. MOTHER'S MAIDEN NAME: KATHERINE WHEALEN (Wahlen)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. 212 07 3240
17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

157X

IMMEDIATE CAUSE (A) CARCINOMA OF THE HEAD OF THE PANCREAS — 5 Months

ANTECEDENT CAUSE (S) DUE TO WITH METASTASES TO THE LIVER

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 3/25/55
19B. MAJOR FINDINGS OF OPERATION: CARCINOMA OF PANCREAS
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY 30, 1955, to JULY 31, 1955, that I last saw the deceased alive on XXXXXXXXXXXXXXXXXX, and that death occurred at 2:12 AM, from the causes and on the date stated above.

SIGNATURE Abraham A. Polachek, M.D.
ABRAHAM A. POLACHEK, M.D. M.D.
ADDRESS VAH, FORT HOWARD, MD.
DATE SIGNED 7/31/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF Aug.3rd.1955
NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL
LOCATION (City, town, or county) (State) BALTIMORE, MD.

DATE REC'D BY LOCAL REGISTRAR 8-1-55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR George J. Ruth Inc. Funeral Home
ADDRESS ~~1733-35 Harford Ave. Balto, Maryland~~

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

06336

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6341

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Owings Mills
LENGTH OF STAY (in this place) 44 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 Rosewood Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
STREET ADDRESS (If rural, give location) / St. Vincent's Orphanage

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Hatfield

4. DATE OF DEATH: (Month) 7 (Day) 16 (Year) 19 55

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 1902

9. AGE last birthday: 53 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): –

10b. KIND OF BUSINESS OR INDUSTRY: –

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) – (If Yes, give war or dates of service) –

16. SOCIAL SECURITY NO.: –

17. INFORMANT & ADDRESS: Rosewood Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
300.4 Immediate cause	(a) Acute Cardiac Failure	18 hrs.
~~DUE TO~~		
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Grand Mal Epilepsy	since 3 yrs. old
~~DUE TO~~		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic Psychosis–Schizophrenia Reaction — many years

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/21, 19 55, to 7/16, 19 55, that I last saw the deceased alive on 7/16, 19 55, and that death occurred at 5:55 a.m., from the causes and on the date stated above.

SIGNATURE Viola B. Johns (DEGREE OR TITLE) M.D ADDRESS Rosewood State Tr. Sch. Owings Mills, Md. DATE SIGNED 7/18/55

23. BURIAL, CREMATION REMOVAL (Specify): | DATE THEREOF 7/21/55 | NAME OF CEMETERY OR CREMATORY University Medical School | LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REG. 7-21-55 | REGISTRAR'S SIGNATURE Mary B. Slime

24. FUNERAL DIRECTOR Frances A. Hemsley | ADDRESS 575 N. Bigelow St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

06337

6264

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

Item 12 Film 184 8-1-55 et

1. PLACE OF DEATH: COUNTY Balto Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5544 Ashbourne Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 223 S Strickers St — COUNTY Balto Ind.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 3701-4
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) PATRICK J. (Middle) (Last) HICKEY

4. DATE OF DEATH (Month) 7 (Day) 17 (Year) 1955

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH Nov 11 1875 | 9. AGE last birthday 79 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer | 10b. KIND OF BUSINESS OR INDUSTRY B & O. R.R. | 11. BIRTHPLACE (State or foreign country) Ireland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Hickey | 14. MOTHER'S MAIDEN NAME Maria Boolahan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Wm Hickey 2421 Evans drive Ind.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

592X

Immediate cause (a) Nephritic Coma. — 2 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Chronic myocarditis, chronic nephritis. Hypostatic pneumonia. Senility

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1955, to July 16, 1955, that I last saw the deceased alive on July 17, 1955, and that death occurred at 7 a.m., from the causes and on the date stated above.

SIGNATURE A Cale's | (Degree or title) MD | ADDRESS 4 N. Fulton Ave Md | DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 7/20/55 | NAME OF CEMETERY OR CREMATORY Newlo Cathedral | LOCATION (City, town, or county) Balto | (State) Ind

DATE REC'D BY LOCAL REG. 7/19/55 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Robt C. & R. M. Walters | ADDRESS 121 S Strickers St Balto. 23. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06238

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X FORT HOWARD
LENGTH OF STAY (in this place) 5182 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GLEN BURNIE 02X-2
STREET ADDRESS (If rural give location) 508 MANOR ROAD

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) E. (Last) HILLARY

4. DATE OF DEATH: (Month) JULY (Day) 27 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): DIVORCED
8. DATE OF BIRTH: 12-2-86
9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SEAMAN
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: JAMES E. HILLARY
14. MOTHER'S MAIDEN NAME: MARY MAE CALVERT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

931.7

IMMEDIATE CAUSE (A) SENILITY; TERMINAL MILD HEAT STROKE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES X NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE 6, 1955, to JULY 27, 1955, and that death occurred at 11:50 P.M. from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT, M.D. ADDRESS M. D. VAH, FORT HOWARD, MARYLAND DATE SIGNED 7-29-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) REMOVAL
DATE THEREOF Aug. 1, 1956
NAME OF CEMETERY OR CREMATORY ARLINGTON NATIONAL
LOCATION (City, town, or county) FORT MYER, VIRGINIA (State)

DATE REC'D BY LOCAL REGISTRAR 8-1-56
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR WM. COOK-BLIGHT, INC. ADDRESS 6009 HARFORD RD. BALTIMORE 14, MD.

TO: W.W.CHAMBERS CO. 1400 CHAPIN ST., N.W. WASHINGTON, D. C.

SHIPPED

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

06339

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6342

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 52
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridgeway Manor Convalescent Home 90

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3V01-4
STREET ADDRESS (If rural give location) 1811 N. Port Street

3. NAME OF DECEASED: (Type or Print) (First) Grace (Middle) H. (Last) Hoffmann
4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Feb. 13, 1899
9. AGE last birthday 56 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Martinsburg, W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Arthur H. Stivers
14. MOTHER'S MAIDEN NAME: Laura E. Schaefer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. ——
17. INFORMANT & ADDRESS: A. Christian Hoffman - 4810 Frankfort Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 X

IMMEDIATE CAUSE (A) Cerebrovascular accident — Days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hypertensive Cardiovascular disease — 4 yrs

DUE TO

(C) Generalized Arteriosclerosis — "

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 7, 1954, to July 17, 1955, that I last saw the deceased alive on July 16, 1955, and that death occurred at 1:45 P. M, from the causes and on the date stated above.

SIGNATURE C. Nelson McKay M. D. ADDRESS 6042 Limerick Ave. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) — DATE THEREOF 7-20-55 — NAME OF CEMETERY OR CREMATORY Druid Ridge Cem. — LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 7/18/55 — REGISTRAR'S SIGNATURE A. W. Hedrick — 24. FUNERAL DIRECTOR John C. Miller Inc. — ADDRESS 2431 E. Oliver St.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

06340

MARYLAND — **STATE DEPARTMETT OF HEALTH**

6343

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Reisterstown — LENGTH OF STAY (in this place): 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00 123 Chatsworth Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown X
STREET ADDRESS (If rural, give location): 123 Chatsworth Ave.

3. NAME OF DECEASED (Type or Print): (First) Wilma (Middle) Mann (Last) Houck

4. DATE OF DEATH (Month) July (Day) 16 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 28, 1913
9. AGE last birthday: 41 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Orville Mann
14. MOTHER'S MAIDEN NAME: Elizabeth E.Addleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-14-9825
17. INFORMANT AND ADDRESS: Charles E.Houck Jr.Reisterstown,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

190X Immediate cause (a) Generalized melanomatosis — 1 mo.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c) melanoma of leg (rt.) — 19 mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: 10-29-'53.
19b. MAJOR FINDINGS OF OPERATION: Melanocarcinoma. (rt. leg)
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No -
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): None - (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None. m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? None.

22. I hereby certify that I attended the deceased from 10-2, 1953, to 7-16, 1955, that I last saw the deceased alive on 7-14, 1955, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE: D. B. Caples, M.D. (Degree or title) — ADDRESS: Reisterstown, Md. — DATE SIGNED: 7-18-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: July 19, 1955
NAME OF CEMETERY OR CREMATORY: Lorraine Park
LOCATION (City, town, or county) (State): Baltimore County

DATE REC'D BY LOCAL REG.: 7-19-55
REGISTRAR'S SIGNATURE: Mary B. Eline.
24. FUNERAL DIRECTOR: J.F.Eline & Sons, Reisterstown, Md. — ADDRESS

MARGIN RESERVED FOR BINDING

(6) 06341

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

6344

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville 52
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 213 Westowne Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 52
STREET ADDRESS (If rural, give location) 213 Westowne Rd.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) E. (Last) Hudert

4. DATE OF DEATH: (Month) 7 (Day) 18 (Year) 19 55

5. SEX: Female **6. COLOR OR RACE:** W. **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)** Widow **8. DATE OF BIRTH:** Aug. 8, 1872 **9. AGE last birthday:** 82 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. W. **10b. KIND OF BUSINESS OR INDUSTRY:** Own Home **11. BIRTHPLACE** (State or foreign country): Balto. Md. **12. CITIZEN OF WHAT COUNTRY?**

13. FATHER'S NAME: Thuman **14. MOTHER'S MAIDEN NAME:** Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) **16. SOCIAL SECURITY NO.:** **17. INFORMANT & ADDRESS:** Mrs. Dolores Bopp 213 Westowne Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.0 Immediate cause	(a) Atteriosclerotic Heart Disease	8 yrs.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerosis, generalized	unknown
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1947, to July 18 1955, that I last saw the deceased alive on Jan 30, 1955, and that death occurred at 5:10 P. m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) M.D. ADDRESS 1 Mallow Hill Ave., Baltimore, Md DATE SIGNED 7/19/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 7/22/55 NAME OF CEMETERY OR CREMATORY Holy Cross LOCATION (City, town, or county) (State) U.U. Co. Md

DATE REC'D BY LOCAL REG. 7-21-55 REGISTRAR'S SIGNATURE [signature] **24. FUNERAL DIRECTOR** Harry H. Kitzie ADDRESS 4101 Edmondson Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

06342

Item 9, FilmG186 9-8-55 8C

6345

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Long Green Middle River — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Same

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3V01-4
STREET ADDRESS (If rural, give location) 924 Homestead St

3. NAME OF DECEASED (Type or Print): (First) Harvey (Middle) Lyle (Last) Hughes
4. DATE OF DEATH (Month) (Day) (Year) 7 - 15 - 1955
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH June 5 1933
9. AGE last birthday 22 Yrs. — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill Hand
10b. KIND OF BUSINESS OR INDUSTRY Reg. aluminum
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Harvey H Hughes
14. MOTHER'S MAIDEN NAME Anna M Ryle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 212-30-7555
17. INFORMANT AND ADDRESS Ryle — Aiken St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

850X

Immediate cause (a) Drowning — —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Long Green River — (CITY OR TOWN) Middle River — (COUNTY) Balto — (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 7 - 15 - 55 1 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Jumped from boat to rescue girl — boat capsized

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J B Davis M.D. — (Degree or title) Dep Med Examiner — ADDRESS Dundalk Md — DATE SIGNED 7/15/55

23. BURIAL, ~~CREMATION~~ ~~REMOVAL (Specify)~~ — DATE THEREOF July 19-1955 — NAME OF CEMETERY OR CREMATORY Moreland Park — LOCATION (City, town, or county) Baltimore — (State) Md

DATE REC'D BY LOCAL REG. 7/18/55 — REGISTRAR'S SIGNATURE U. A. Hedrich

24. FUNERAL DIRECTOR McCoul — ADDRESS Inc - 1217 St Paul St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

6346 06343

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 30

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) 52 TOWN Catonsville | LENGTH OF STAY (in this place) 2mo. 14days

HOSPITAL OR INSTITUTION OR 14 STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore 3V01-4

STREET ADDRESS (If rural, give location) 1108 Hollins Street

3. NAME OF DECEASED: (Type or Print) (First) Nancy (Middle) (Last) Jackson

4. DATE OF DEATH (Month) July (Day) 20, (Year) 19 55

5. SEX: Female **6. COLOR OR RACE:** White **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Widowed **8. DATE OF BIRTH:** 10-27-1881 **9. AGE last birthday:** 73 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Unknown **10b. KIND OF BUSINESS OR INDUSTRY:** **11. BIRTHPLACE** (State or foreign country): Unknown **12. CITIZEN OF WHAT COUNTRY?** USA

13. FATHER'S NAME: Henry? **14. MOTHER'S MAIDEN NAME:** Rachel McFarland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No **(If Yes, give war or dates of service)** **16. SOCIAL SECURITY NO.:** Unknown **17. INFORMANT & ADDRESS:** Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH

90297 **Immediate cause** (a) Terminal pneumonia

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Fracture of left hip

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. MENTAL ILLNESS

19a. DATE OF OPERATION: 0 **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY hospital) **21c.** (City or town) Catonsville (County) Baltimore 03 (State) Maryland

21d. TIME OF INJURY (Month) June (Day) 5, (Year) 1955 (Hour) 9 A.M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☑ **21f. HOW DID INJURY OCCUR?** Fell off commode chair

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE George M. Kieffer 1010 Leeds Ave M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑ DATE SIGNED 7-20-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 7-28-55 | NAME OF CEMETERY OR CREMATORY Spring Grove State Hospital | LOCATION (City, town, or county) (State) Catonsville 28, Maryland

DATE REC'D BY LOCAL REG. 7-28-55 | REGISTRAR'S SIGNATURE V. E. Harry | **24. FUNERAL DIRECTOR** Spring Grove State Hospital | ADDRESS Zone 28, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06344

6347

CERTIFICATE OF DEATH

Reg. Dist. No. 4X

1. PLACE OF DEATH:
COUNTY Baltimore 19. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sparrows Pt.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7320 Hughes ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE US COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN w
STREET ADDRESS (If rural give location) #1.

3. NAME OF DECEASED: (Type or Print) (First) Rosa (Middle) (Last) Jacobs.

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH: May 16. 1874
9. AGE last birthday 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10B. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wilson Hare.
14. MOTHER'S MAIDEN NAME: Ellen Gunther.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No.
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None.
17. INFORMANT & ADDRESS: Olin Jacobs - address as in #1.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X

IMMEDIATE CAUSE (A) Cerebral hemorrhage. — 24 hours.
DUE TO
ANTECEDENT CAUSE (B) Hypertensive Cardiovascular disease. — 12 yrs.
DUE TO
(C) Uremia. — 12 hours.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Epithelioma — 6 mo.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/8/49, to 7/6, 1955 that I last saw the deceased alive on 7/6, 1955 and that death occurred at 5 P. M, from the causes and on the date stated above.

SIGNATURE Louis N. Tollin. M.D. ADDRESS 6908. North Pt Rd Balto 19 DATE SIGNED 7/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7/9/55
NAME OF CEMETERY OR CREMATORY Baltimore Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 7-7-55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Wm. Cook, Inc. ADDRESS 1217 E. Fort St.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06245

6348

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Cockeysville

LENGTH OF STAY (in this place) 1yr.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Mt. Royal Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Harford

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen X

STREET ADDRESS (If rural give location) Swannsberry

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) D. (Last) Jay

4. DATE OF DEATH: (Month) July (Day) 29, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Feb. 20, 1863

9. AGE last birthday: 92 yrs.

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: S. Griffith Davis

14. MOTHER'S MAIDEN NAME: Ann Hollister

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. J. Merryman Black Cockeysville, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

Immediate cause (a) Carcinoma of the right breast — Interval Between Onset And Death: 5 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/28/43, 19....., to 7/29/55, 19....., that I last saw the deceased alive on 7/29/55 19....., and that death occurred at 8:50 P.M., from the causes and on the date stated above.

SIGNATURE Avery B Jones (Degree or title) M.D. ADDRESS 11 East Chase St., City-2. DATE SIGNED 7/30/55.

23. BURIAL, CREMATION, REMOVAL (Specify) Entombment — DATE THEREOF July 31, 1955 — NAME OF CEMETERY OR CREMATORY Spesutia Cemetery — LOCATION (City, town, or county) (State) Perryman, Harford Co., Maryland

DATE REC'D BY LOCAL REGISTRAR Aug 2, 1955 — REGISTRAR'S SIGNATURE Laura Schlinger

24. FUNERAL DIRECTOR John O. Mitchell & Sons Inc. — ADDRESS 1900 Eutaw Place

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

06246

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

6349

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2607 Manor Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere X
STREET ADDRESS (If rural, give location) 2607 Manor Avenue

3. NAME OF DECEASED (Type or Print) (First) Adelaide (Middle) V. (Last) Johnson

4. DATE OF DEATH (Month) July (Day) 11 (Year) 1955

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH May 20, 1870

9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William C. Rogers

14. MOTHER'S MAIDEN NAME Mary Bourbein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs Mamie Miller 2607 Manor Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X

Immediate cause (a) Acute Pulmonary Edema — 4 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Arteriosclerotic Cardiovascular Disease. — 10 years.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1955, to July 11, 1955, that I last saw the deceased alive on July 11, 1955, and that death occurred at 4:45 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

David Owens, M.D. 914 D Street Baltimore 14 Md. 7/13/55

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF July 15, 1955 — NAME OF CEMETERY OR CREMATORY Oak Lawn — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR July 13-55 — REGISTRAR'S SIGNATURE Dawson L. Harbey

24. FUNERAL DIRECTOR ADDRESS Lilly & Zeiler Inc., 403 S. Wolfe St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

06347

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

6350

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MIDDLE RIVER
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 19 Harrison AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX
STREET ADDRESS (If rural give location) 58 RIVERSIDE RD.

3. NAME OF DECEASED: (Type or Print) (First) BESSIE (Middle) (Last) JOHNSTON

4. DATE OF DEATH: (Month) 7 (Day) 19 (Year) 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M
8. DATE OF BIRTH: 11/27/03
9. AGE last birthday 51 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -
10B. KIND OF BUSINESS OR INDUSTRY: HOUSEWIFE
11. BIRTHPLACE (State or foreign country): VA.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: CLARENCE L JOHNSTON

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Disseminated sclerosis spinal cord — 5 years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

345X

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Trophic ulcer body — 1 year

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 19 26, to July 12, 1955, that I last saw the deceased alive on July 19, 1955, and that death occurred at 3.4 M, from the causes and on the date stated above.

SIGNATURE A. L. Kolodny M.D. ADDRESS 1825 Eastern Blvd. Balt. 21, Md. DATE SIGNED 7/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 7/21/55
NAME OF CEMETERY OR CREMATORY OAK LAWN
LOCATION (City, town, or county) BALTO. CO. (State) MD.

DATE REC'D BY LOCAL REGISTRAR 7/22/55
REGISTRAR'S SIGNATURE G. W. Hedrich
24. FUNERAL DIRECTOR J. Gordon Connelly
ADDRESS Essex, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

6351 06348

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 30

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Catonsville Nursing Home 315 Ingleside Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Balto.

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore X

STREET ADDRESS (If rural, give location) 5215 Garmouth Road

3. NAME OF DECEASED: (Type or Print) (First) RALPH (Middle) P. (Last) JOHNSTON

4. DATE OF DEATH (Month) July (Day) 2, (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: October 30, 1875

9. AGE last birthday: 79 yrs.

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Harness Maker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George L. Johnston

14. MOTHER'S MAIDEN NAME: Martha Hayes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no

(If Yes, give war or dates of service) ---

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. M. Ethel Plum, 5215 Garmouth Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.0 Immediate cause	(a) Arteriosclerotic Heart Disease	unknown
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Generalized Arteriosclerosis	unknown
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture, right hip — 8 days

19a. DATE OF OPERATION: no

19b. MAJOR FINDING OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Nursing Home

21c. (City or town) (County) (State) Catonsville, Balto. Co., Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-24-55 11 AM.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Fell off bed

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H. L. Caplis M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 7-2-55

23. BURIAL, CREMATION, REMOVAL (Specify): burial

DATE THEREOF 7/5/55

NAME OF CEMETERY OR CREMATORY Moreland Memorial Park Cemetery

LOCATION (City, town, or county) (State) Parkville, Maryland

DATE REC'D BY LOCAL REG. 5-5-55

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Wm. Cook Inc.

ADDRESS 1217 St. Paul Street

Drew

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06349

6352

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD, X
LENGTH OF STAY (in this place) 4 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 3V01-4-
STREET ADDRESS (If rural give location) 1707 E. LANVALE STREET

3. NAME OF DECEASED: (Type or Print) (First) BEN (Middle) (NMI) (Last) JONES
4. DATE OF DEATH: (Month) JULY (Day) 10 (Year) 1955
5. SEX: MALE
6. COLOR OR RACE: COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 6-25-95
9. AGE last birthday 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CEMENT FINISHER
10B. KIND OF BUSINESS OR INDUSTRY: CONTRACTING CO.
11. BIRTHPLACE (State or foreign country): FAIRFIELD CO., SOUTH CAROLINA
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: BOYD JONES
14. MOTHER'S MAIDEN NAME: NANCY OWENS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 578-16-1537
17. INFORMANT & ADDRESS: CLIN.REC.,VET.ADM.HOSP.,FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) CEREBRAL HEMORRHAGE	4 DAYS
ANTECEDENT CAUSE (S): DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) GENERALIZED ARTERIOSCLEROSIS	UNKNOWN
DUE TO		
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO X

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA X attended the deceased from JULY 6, 1955, to JULY 10, 1955, that ~~I last saw the deceased alive on~~ and that death occurred at 4:30PM, from the causes and on the date stated above.

SIGNATURE FS Dickey ADDRESS DATE SIGNED
FRANCIS G. DICKEY, CHIEF, MEDICAL SERVICE VAH FT. HOWARD, MD 7/12/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF
NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL
LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND
DATE REC'D BY LOCAL REGISTRAR JUL 13 1955
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ELROY O WILSON
ADDRESS 2004 Orleans St. Baltimore, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06350

6353

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 107 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE 3V01-4
STREET ADDRESS (If rural give location) 302 E. LANVALE STREET

3. NAME OF DECEASED: (Type or Print) (First) CLARENCE (Middle) (Last) JONES

4. DATE OF DEATH: (Month) JULY (Day) 27 (Year) 19 55

5. SEX: MALE
6. COLOR OR RACE: COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED
8. DATE OF BIRTH: 12-28-98
9. AGE last birthday 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHAUFFEUR
10B. KIND OF BUSINESS OR INDUSTRY: TRUCK COMPANY
11. BIRTHPLACE (State or foreign country): RICHMOND, VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ANDREW JONES
14. MOTHER'S MAIDEN NAME: LUCY CLAIBORNE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 217-16-6545
17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241X

IMMEDIATE CAUSE (A) ASTHMA — INTERVAL BETWEEN ONSET AND DEATH: 10 MINUTES

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. CONVALESCENCE FROM BURNS — 3½ MONTHS

19A. DATE OF OPERATION: 7-25-55
19B. MAJOR FINDINGS OF OPERATION: Skin Graft to right axilla
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from APR. 11, 1955, to JULY 27, 1955, and that death occurred at 8:57AM, from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT, M.D.
ADDRESS M. D. VAH, FORT HOWARD, MARYLAND
DATE SIGNED 7-28-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 8/1/55
NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL CEMETERY
LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 7-29-55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR CHARLES R. LAW MORTUARY
ADDRESS 802-04 MADISON AVE. BALTIMORE 1, MARYLAND

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06351

6354 CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS THE SHEPPARD & ENOCH PRATT HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3401-4
STREET ADDRESS (If rural give location) 320 W. University Pkwy.

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Holiday (Last) Jones, Sr.

4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 1, 1873

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Costumer

10b. KIND OF BUSINESS OR INDUSTRY: Costume Rental

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alfred Thomas Jones

14. MOTHER'S MAIDEN NAME: Josephine Parker

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause 422.1	(a) Chronic myocarditis	Unk
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Generalized arteriosclerosis	11
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Brain Syndrome c̄ Psychosis — 3 Wks +

19a. DATE OF OPERATION: 0 **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. **INJURY OCCURED** While at Work ☐ Not While At Work ☐ **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from June 28, 1955, to July 4, 1955, that I last saw the deceased alive on July 2, 1955, and that death occurred at 1 PM, from the causes and on the date stated above.

SIGNATURE McElgin, MD (Degree or title) THE SHEPPARD & ENOCH PRATT HOSPITAL ADDRESS Towson, Md. DATE SIGNED 7/4/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial **DATE THEREOF** 7/7/55 **NAME OF CEMETERY OR CREMATORY** Druid Ridge Cem. **LOCATION** (City, town, or county) Pikesville, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 7-6-55 **REGISTRAR'S SIGNATURE** [illegible]

24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons **ADDRESS** Balto, 17 Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

06352

6253

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk LENGTH OF STAY (in this place) 53
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2600 Ambler Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 53
STREET ADDRESS (If rural give location) 2600 Ambler Rd.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Andrew (Last) Kay

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed | 8. DATE OF BIRTH: Dec. 7, 1887 | 9. AGE last birthday 67 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Planer
10B. KIND OF BUSINESS OR INDUSTRY: Machine Shop
11. BIRTHPLACE (State or foreign country): Detroit, Mich.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? ? ? Kay
14. MOTHER'S MAIDEN NAME: Sarah Watson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service) ----
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Mrs Mary M. Black 2600 Ambler Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

DUE TO

ANTECEDENT CAUSE (S) (B) Coronary Arteriosclerosis — 5 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/14, 1955 to 7/20, 1955, that I last saw the deceased alive on 7/14, 1955, and that death occurred at 2:00 A M, from the causes and on the date stated above.

SIGNATURE John T. Everett M.D. ADDRESS 3501 Jarit Ave. DATE SIGNED 7/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 7/25/55 | NAME OF CEMETERY OR CREMATORY Colfax Cem. | LOCATION (City, town, or county) Bad Axe (State) Mich.

DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR John A. Moran | ADDRESS 3000 E. Balto. St.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

6355

06353 COPY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 33

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Owings Mills
LENGTH OF STAY (In this place) -
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dolfield Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Owings Mills, X
STREET ADDRESS (If rural, give location) Dolfield Road

3. NAME OF DECEASED: (Type or Print) (First) J. (Middle) Delano (Last) Kegan

4. DATE OF DEATH (Month) July (Day) 1, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Aug. 28, 1913

9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Bay Piolet, Assn., Md. Piolets

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Milton B. Kegan

14. MOTHER'S MAIDEN NAME: Regina Delano

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W.2

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Tjark Susemihl - Owings Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause 976X (a) Shot through head with a bullet (Suicide) 5 min.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Depression, alcoholism & marrital difficulties, 6 months

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDING OF OPERATION: None

20. AUTOPSY? Yes ☐ No X

21a. EXTERNAL CAUSE WAS PRIMARY X or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home

21c. (City or town) Owings Mills, (County) Baltimore (State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) July 1, 55 (Hour) 10:05 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work X

21f. HOW DID INJURY OCCUR? Shot himself

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide X, Homicide ☐, Undetermined cause ☐.

SIGNATURE D. D. Caples M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER X
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 7/8/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF July 5, 1955

NAME OF CEMETERY OR CREMATORY Woodlawn

LOCATION (City, town, or county) (State) Baltimore County

DATE REC'D BY LOCAL REG. 7-1-55

REGISTRAR'S SIGNATURE Mary B. Eline

24. FUNERAL DIRECTOR Wm. J. Tickner & Sons, ADDRESS Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

(3) 06354

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6356

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hebbville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Clays Lane, R.7 Bo. 5

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebbville
STREET ADDRESS (If rural give location) Clays Lane, R.7 Bo. 5 Box 237 Zone 7

3. NAME OF DECEASED: (Type or Print) (First) Hugo (Middle) August (Last) Kelbel

4. DATE OF DEATH: (Month) 7/12 (Day) (Year) 55 19

5. SEX: M. 6. COLOR OR RACE: W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married 8. DATE OF BIRTH: April 25, 1894 9. AGE last birthday 61 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker 10B. KIND OF BUSINESS OR INDUSTRY Heidelbach Co. 11. BIRTHPLACE (State or foreign country): Germany 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Kelbel 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. 219-34-1501 17. INFORMANT & ADDRESS: Mrs. Anna Kelbel, Clays Lane Balto. 7, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 IMMEDIATE CAUSE (A) Massive Coronary Occlusion ?

ANTECEDENT CAUSE (S) DUE TO (B) HTCVD 3+ yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Art. Sclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/9/55, 1955, to 7/12, 1955, that I last saw the deceased alive on 7/11, 1955, and that death occurred at 1:15 PM, from the causes and on the date stated above.

SIGNATURE [illegible] M. D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL. (SPECIFY) Burial DATE THEREOF 7/16/55 NAME OF CEMETERY OR CREMATORY Mt. Olive LOCATION (City, town, or county) (State) Randallstown Md.

DATE REC'D BY LOCAL REGISTRAR 7-13-55 REGISTRAR'S SIGNATURE [illegible] 24. FUNERAL DIRECTOR Harry H. Kutzke ADDRESS 4101 Edmondson Ave.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06355

6357

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH:
COUNTY Balto MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X
LENGTH OF STAY (in this place) 32 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Ivy Hall N.H.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arno Acres X
STREET ADDRESS (If rural give location) 37. Blister St

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) (Last) KELLY

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1955

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: April 14-1874

9. AGE last birthday 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman B+O.RR

10B. KIND OF BUSINESS OR INDUSTRY: Retired 10 yrs

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph T. Kelly

14. MOTHER'S MAIDEN NAME: Hannah Tapley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 705-09-4304

17. INFORMANT & ADDRESS: Mrs Bessie Delp 37. Blister St Balto. 20

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

IMMEDIATE CAUSE (A) Coronary occlusion — Immediate

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arterio-sclerotic cerebro-cardio-vascular disease — 10 yrs

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1955, to July, 1955, that I last saw the deceased alive on July 18, 1955, and that death occurred at 7:30 A M, from the causes and on the date stated above.

SIGNATURE Louis Lemenoff M.D. ADDRESS 1437 Fenlow Ave Balto Md DATE SIGNED 7/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 7/22/55 — NAME OF CEMETERY OR CREMATORY Camp Chapel Meth. — LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REGISTRAR 7/24/5 — REGISTRAR'S SIGNATURE Earl Hurley

24. FUNERAL DIRECTOR Lassahn Funeral Home — ADDRESS 7401 Belair Rd

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06356

CERTIFICATE OF DEATH

6353

Reg. Dist. No. 37

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cockeysville Md
LENGTH OF STAY (in this place) 13yrs, 8 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Md. Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY 3V01-4
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore Md
STREET ADDRESS (If rural give location) 4304 Main Ave

3. NAME OF DECEASED: (Type or Print) (First) C. (Middle) Albert (Last) Kern

4. DATE OF DEATH: (Month) July (Day) 15 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~ (Specify) Single
8. DATE OF BIRTH: Feb. 17-1863-92
9. AGE last birthday - yrs. 3
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Legal office accountant
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kingdom Wurttemberg
12. CITIZEN OF WHAT COUNTRY? Germany

13. FATHER'S NAME: A. John Kern
14. MOTHER'S MAIDEN NAME: Christiane Class

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Occlusion

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949 to July 15, 1955 that I last saw the deceased alive on July 15, 1955, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

SIGNATURE Walter T. Ries M. D. ADDRESS Cockeysville Md DATE SIGNED

23. BURIAL, CREMATION, ~~REMOVAL (SPECIFY)~~ | DATE THEREOF July 18/55 | NAME OF CEMETERY OR CREMATORY Loudon Pk. Cemetery | LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REGISTRAR 7-19-55 | REGISTRAR'S SIGNATURE Laura M. Schroeder | 24. FUNERAL DIRECTOR Wm. Cook | ADDRESS St Paul & Preston St

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

06357

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

6359

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH-COUNTY: BALTIMORE MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ESSEX 54

LENGTH OF STAY (in this place): 88 YRS.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 212 RIVERSIDE DRIVE 00

2. USUAL RESIDENCE (HOME) OF DECEASED-STATE: MARYLAND COUNTY: BALTIMORE

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ESSEX 54

STREET ADDRESS (If rural, give location): 212 RIVERSIDE DRIVE 1

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) A. (Last) KNAPP

4. DATE OF DEATH (Month) (Day) (Year): JULY 9, 1955 19

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: AUG. 12, 1864

9. AGE last birthday: 90 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSWEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): GERMANY

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: PETER KLEIN

14. MOTHER'S MAIDEN NAME: WALBURGER ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO

(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: MRS HARRY M. STAYLOR SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral apoplexy — Sudden

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic Cardio-Vascular disease — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1955, to July 9, 1955, that I last saw the deceased alive on July 9, 1955, and that death occurred at 10 A. m., from the causes and on the date stated above.

SIGNATURE: W Baumgardner (Degree or title): M.D. ADDRESS: Balto 6 Md DATE SIGNED: 7/9/55

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL DATE: JULY 12, 1955 NAME OF CEMETERY OR CREMATORY: LOUDON PARK LOCATION (City, town, or county) (State): BALTIMORE MARYLAND.

DATE REC'D BY LOCAL REG.: July 12-55 REGISTRAR'S SIGNATURE: A. W. Hedrich

24. FUNERAL DIRECTOR: HENRY SANDER & SONS INC. BALTIMORE MARYLAND. ADDRESS: Sig. A. Sander

dmr.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

06258

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

6360

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 20 Hrs. 45 Min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural give location) 610 Upland Road

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) R. (Last) KNOPF

4. DATE OF DEATH: (Month) July (Day) 17, (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: 7/7/93
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber
10B. KIND OF BUSINESS OR INDUSTRY: Barber Shop
11. BIRTHPLACE (State or foreign country): Pottstown, Pa.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Stephen Knopf
14. MOTHER'S MAIDEN NAME: Ellen Dwyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 159-05-2209 Unknown
17. INFORMANT & ADDRESS: Clin. Rec., Vet. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
540.1 IMMEDIATE CAUSE	(A)	PERITONITIS, GENERALIZED	24 HOURS
ANTECEDENT CAUSE (S): DUE TO		PERFORATION, CHRONIC GASTRIC ULCER	UNKNOWN
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(B)		
	(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. OLD AND NEW INFARCTION OF MYOCARDIUM — UNKNOWN

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 16, 1955, to July 17, 1955, and that death occurred at 9:45 A.M. from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT, M.D.
M. D. ADDRESS VAH, FORT HOWARD, MARYLAND
DATE SIGNED 7-18-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7-20-55
NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
FUNERAL DIRECTOR Wm. Cook-Blight, Inc. ADDRESS 6009 Harford Road Baltimore 14, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 M

MARYLAND STATE DEPARTMENT OF HEALTH

06259

6361

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Long Beach, Middlebrook 19 — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Same

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore (14)
STREET ADDRESS (If rural, give location) 2712 Ruckert Ave.

3. NAME OF DECEASED (Type or Print): (First) Sylvia (Middle) M. (Last) Krawczyk
4. DATE OF DEATH (Month) 7 (Day) 15 (Year) 1955
5. SEX F
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Dec. 24 1935
9. AGE last birthday 19 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student Nurse
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore - Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Steven G. Krawczyk
14. MOTHER'S MAIDEN NAME Anna J. Chrobocinski
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Father SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

850X

Immediate cause (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Long Beach Middlebrook (CITY OR TOWN) Balto. (COUNTY) Md (STATE)
TIME OF INJURY (Month) 7 (Day) 15 (Year) 55 (Hour) 1:45 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell from Cruiser

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED
M B Davis MD Dep. Med. Exam. Dundalk 22 Md 7/15/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7-19-55 — NAME OF CEMETERY OR CREMATORY Holy Redeemer — LOCATION (City, town, or county) BALTO (State) Md
DATE REC'D BY LOCAL REG. 7/18/55 — REGISTRAR'S SIGNATURE U.A. Hedwig E.E.
24. FUNERAL DIRECTOR Leonard J. Ruck — ADDRESS 5305 Harford

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

06360

6362

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X SPARROWS POINT
LENGTH OF STAY (in this place) 45 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 813 F STREET

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS POINT 1191 X
STREET ADDRESS (If rural, give location) 813 F ST.

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) GREELY (Last) KREPP

4. DATE OF DEATH (Month) JULY (Day) 11 (Year) 1955

5. SEX FEM.

6. COLOR OR RACE WHITE.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH MAY 5, 1883

9. AGE last birthday 72 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME THOMAS GREELY

14. MOTHER'S MAIDEN NAME JULIA FLAHERTY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. NONE

17. INFORMANT AND ADDRESS MISS MARY A. KREPP — SAME ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cardiac Failure (chronic) — Interval Between Onset and Death: 3 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Arteriosclerotic Cardiovascular Disease — 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1955, to July 11, 1955, that I last saw the deceased alive on July 11, 1955, and that death occurred at 10 PM m., from the causes and on the date stated above.

SIGNATURE David Owens (Degree or title) M.D. ADDRESS 914 D Street Balto. 19, Md. DATE SIGNED 7/12/55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF July 14, 1955

NAME OF CEMETERY OR CREMATORY HOLY REDEEMER

LOCATION (City, town, or county) BALTO. (State) Md.

DATE REC'D BY LOCAL REG. July 12 55

REGISTRAR'S SIGNATURE Dawson L. Harbert

24. FUNERAL DIRECTOR Walter L. Bush ADDRESS Bradley, Hyattsville, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

06261

MARYLAND STATE DEPARTMENT OF HEALTH

6254

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 53 | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 Lombardy Drive 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 53
STREET ADDRESS (If rural, give location) 9 Lombardy Drive

3. NAME OF DECEASED (Type or Print) (First) SOPHIE (Middle) (Last) KRESSLER
4. DATE OF DEATH (Month) July (Day) 22 (Year) 1955

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Nov. 12, 1878
9. AGE last birthday 76 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY at Home
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Petrowski
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT Mr. Herman Kressler

18. MEDICAL CERTIFICATION 9 Lombardy Drive

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Arterio-Sclerotic Cardio Vascular Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION No
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
D. J. Davis MD Dep. Med. Exam. - Dundalk - Md 7/23/55

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF July 26, 1955
NAME OF CEMETERY OR CREMATORY Immanuel Luth. Cem.
LOCATION (City, town, or county) (State) Scranton, - Pennsylvania

DATE REC'D BY LOCAL REG. JUL 25 1955 July 26, 1955
REGISTRAR'S SIGNATURE Hampton L. Williams
24. FUNERAL DIRECTOR H. SANDER & SONS, INC.
ADDRESS Baltimore, Maryland
Geo. H. Sander

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06362

6363

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard (19) LENGTH OF STAY (in this place) 29 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Howard ave + old Bay Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ul
STREET ADDRESS (If rural give location) #1.

3. NAME OF DECEASED: (Type or Print) (First) Alexandra (Middle) Labuda (Last).

4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Sept 14. 1882
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Poland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Martin Golebiewski
14. MOTHER'S MAIDEN NAME: Josephine Knoch.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no. (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Jos. Labuda address as in #1.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
443X Immediate cause	(a) Cerebral hemorrhage.	11 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hypertensive Cardiovascular disease and arteriosclerosis	8 yrs.
(260 X)	DUE TO (c) Diabetes mellitus.	5 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Decubitus ulcers. — 4 days

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1927, to July 17, 1955, that I last saw the deceased alive on July 17, 1955, and that death occurred at 4:26 P.M. from the causes and on the date stated above.

SIGNATURE Louis N. Tallin (Degree or title) M.D. ADDRESS 6408 North Point Rd Balto. 19. DATE SIGNED July 17. 1955

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF JULY 17, 1955
NAME OF CEMETERY OR CREMATORY HOLY REDEEMER
LOCATION (City, town, or county) (State) BALTO. MD.

DATE REC'D BY LOCAL REGISTRAR July 20 1955
REGISTRAR'S SIGNATURE Dr. Dawson Harber
24. FUNERAL DIRECTOR Walter Brooks Bradley
ADDRESS Glendale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

06363

6265

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
LENGTH OF STAY (in this place) 51
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (27)
STREET ADDRESS (If rural give location) 1231 Circle Drive

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) C (Last) LAVENDER
4. DATE OF DEATH (Month) July (Day) 18 (Year) 1955
5. SEX Male
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Nov 29-1883
9. AGE last birthday 71 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Lavender
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-10-1898
17. INFORMANT Elwood Lavender - Oakland Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Thrombosis — 1 da

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Disease — 6 mos

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/10 55, 19..., to 7/18 55, 19..., that I last saw the deceased alive on 7/18 55, 19..., and that death occurred at 1:15 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Joseph L. Caplan M.D. 6 Washington Blvd 7/18/55

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE THEREOF July 22-55
NAME OF CEMETERY OR CREMATORY New Cathedral
LOCATION (City, town, or county) (State) Frederick Co. Md.

DATE REC'D BY LOCAL REG. 7/20/55
REGISTRAR'S SIGNATURE A. N. Hedrick
24. FUNERAL DIRECTOR Melinda Leary
ADDRESS 5646 Carroll Ave

VS. A15

06264

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6364 Item 7, FilmG184 8-5-55 et

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore City MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 28 — LENGTH OF STAY (in this place) 2 yr, 7mos.
52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.
14

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto. City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 29
3V01-4
STREET ADDRESS (If rural give location) 3513 Gelstone Drive

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) (Last) Lepson
4. DATE OF DEATH: (Month) 7 (Day) 27 (Year) 1955
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed married
8. DATE OF BIRTH: Feb. 21, 1882
9. AGE last birthday 73 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Louis Chaillou
14. MOTHER'S MAIDEN NAME: Helen V. McGehan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. ----------
17. INFORMANT & ADDRESS: William Lepson 3601 Essex Road., Balto.7, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4221

IMMEDIATE CAUSE (A) Cerebro-vascular accident due to — 4 days

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) arteriosclerotic cardio-vascular — years

DUE TO

(C) disease.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953 to July 27, 1955 that I last saw the deceased alive on July 26, 1955, and that death occurred at 12:45 a.m. from the causes and on the date stated above.

SIGNATURE S. Wachsler — ADDRESS Spring Grove State Hospital — M. D. — DATE SIGNED 7-27-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: July 30, 55 — NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 7-28 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR Ellsworth Funeral Home — ADDRESS 4600 Liberty Heights Avenue

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

06365

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6365

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. NAME OF DECEASED (Type or Print): GRACE E. LILLY

2. DATE OF DEATH: July 26, 1955

3. PLACE OF DEATH:
A. Baltimore ~~City~~, Maryland Baltimore Co.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 617 Orpington Rd.
C. Length of stay in Baltimore: Yrs. 52 Mos. 00 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: BALTO
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 52
D. STREET ADDRESS (If rural, give location): 617 Orpington Rd.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Feb. 21, 1870
9. AGE (In years last birthday): 85 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Joseph Oler
14. MOTHER'S MAIDEN NAME: Martha Ellen Mason
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. G. Eugene Servary — ADDRESS: 617 Orpington Rd.

MEDICAL CERTIFICATION

18. 420.1

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — 15 min.

DUE TO

(B) Chronic Myo-Endocarditis — 6 yrs

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20. AUTOPSY? YES ☐ NO ☑

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 12-3- 1949 to July 26 1955, that (I) (we) last saw the deceased alive on 7-23- 1955, and that death occurred at 10:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE: Maurice E. Shamer, M.D. — ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐

23B. ADDRESS: 3300 W. North Ave.

23C. DATE SIGNED: 7-28-55

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/30/55

24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.

24D. LOCATION (City, town, or county) (State): Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: Aug 4, 1955

REGISTRAR'S SIGNATURE: Thos. E. Williams

25. FUNERAL DIRECTOR: Wm. J. Tichenor & Sons — ADDRESS: Balto 17 Md.

PLEASE TYPE, OR WITH PERMANENT BLACK OR BLUE-BLACK INK—DO NOT USE A BALL POINT PEN. THIS IS A PERMANENT RECORD.

Every item of information must be carefully supplied. Physicians: please write the causes of death clearly and legibly. The THIS CERTIFICATE MUST BE FILED WITH THE BUREAU OF VITAL RECORDS WITHIN THREE (3) DAYS AFTER

06266

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

6366

Reg. Dist. No.

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X — LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 59 Rockaway Beach Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Balto.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X

STREET ADDRESS (If rural, give location): 59 Rockaway Beach Avenue

3. NAME OF DECEASED (Type or Print): (First) Sebastian (Middle) J. (Last) Linz

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 1, 1887

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Grocer

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Linz

14. MOTHER'S MAIDEN NAME: Eva Hock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: John S. Linz 15 Fir Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

181X

Immediate cause (a) Carcinoma of Bladder

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Metastasis.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-15, 1949 to 7-11, 1955, that I last saw the deceased alive on 7-11, 1955 and that death occurred at 2 20 Am., from the causes and on the date stated above.

SIGNATURE: Edward A. Flanagan Jr. (Degree or title) — ADDRESS: 3501 Fair ave. — DATE SIGNED: 7/13/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 14, 1955 — NAME OF CEMETERY OR CREMATORY: Sacred Heart — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 7-13-55 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: Lilly & Zeiler Inc. — ADDRESS: 403 S. Wolfe St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

See middle page

6367

06367

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No.

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Essex, Balto. 21 | LENGTH OF STAY (in this place) 72 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1713 Langley Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Katherine (Middle) Englefried (Last) Lumis

4. DATE OF DEATH (Month) July (Day) 30 (Year) 1955

5. SEX: Fem

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Nov 30 1878

9. AGE last birthday: 76 yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life even if retired): Housewife (retired)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Gutenberg, N. J.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Hoelerer

14. MOTHER'S MAIDEN NAME: Dorothy ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Dorothy Danford (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Occlusion

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Cert. Vascular Disease

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: Indefinite Unknown

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-30-55 4 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☑

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE W. McCormine M.D. M. D. ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ☑ ~~ASSISTANT MEDICAL EXAM.~~ ☐ DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF Aug 1/55 | NAME OF CEMETERY OR CREMATORY Fairmount Park Cemetery | LOCATION (City, town, or county) Balto Co Md. (State)

DATE REC'D BY LOCAL REG. AUG 1 1955 | REGISTRAR'S SIGNATURE Huntington Williams, M.D. | 24. FUNERAL DIRECTOR J. J. Bruzgonski | ADDRESS 1407 Eastern Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06368

6368

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Catonsville MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Balto County. LENGTH OF STAY (in this place) 15 days.

52

HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

14

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3 V 01.4

STREET ADDRESS (If rural give location) 3219 Walbrook Ave ✓

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) DEMPSEY (Last) MALONE

4. DATE OF DEATH: (Month) 7 (Day) 22 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 5-21 Yr?

9. AGE last birthday 83(?) yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): USA (West Va)

12. CITIZEN OF WHAT COUNTRY? USA

13. ~~FATHER'S NAME~~ Michael J Dempsey

14. ~~MOTHER'S MAIDEN NAME~~ Hilda Malone

3219 Walbrook Balto Md

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Tele Longwood 6-2081

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

IMMEDIATE CAUSE (A) Cerebral Vascular Thrombosis

DUE TO

ANTECEDENT CAUSE (B) Generalized Arteriosclerosis

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Senility.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/8, 1955, to 7/22, 1955, that I last saw the deceased alive on 7/22, 1955, and that death occurred at 8:45 p M, from the causes and on the date stated above.

SIGNATURE Spring Grove Hospital — H Chorn M. D. ADDRESS Spring Grove Hospital DATE SIGNED 7/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF July 25, 1955 NAME OF CEMETERY OR CREMATORY New Cathedral LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REGISTRAR 7-25-55 REGISTRAR'S SIGNATURE Helen Hedrick

24. FUNERAL DIRECTOR Wm Cook Inc ADDRESS 1217 St Paul St

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

06369

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6369 **CERTIFICATE OF DEATH** Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 52 | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital 14

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore #29 3Vol-4
STREET ADDRESS (If rural give location) 913 Calwell Rd. ✓

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) (Last) MARINO

4. DATE OF DEATH: (Month) 7 (Day) 19 (Year) 1955

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married | 8. DATE OF BIRTH: 5/4/1878 | 9. AGE last birthday 77 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) businessman | 10B. KIND OF BUSINESS OR INDUSTRY: Store owner | 11. BIRTHPLACE (State or foreign country): Italy | 12. CITIZEN OF WHAT COUNTRY? Italy? ✓

13. FATHER'S NAME: Angelo Marino | 14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk. | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. unk. | 17. INFORMANT & ADDRESS: Hosp. Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

610X IMMEDIATE CAUSE (A) Heart failure — several months?

DUE TO

ANTECEDENT CAUSE (S) (B) Urinary infection — unknown

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 260X (C) Hypertrophy of the prostate — unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes mellitus; Chron. brain syndrome assoc. with senile brain disease — several years?

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/18, 1955, to 7/19, 1955, that I last saw the deceased alive on 7/19, 1955, and that death occurred at 12:40 AM, from the causes and on the date stated above.

SIGNATURE Bruno Radauskas M. D. | ADDRESS Spring Grove St. Hosp. | DATE SIGNED 7/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 7-22-55 | NAME OF CEMETERY OR CREMATORY Loudon Park | LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 7-20-55 | REGISTRAR'S SIGNATURE J. E. Harry | 24. FUNERAL DIRECTOR Howard H. Hubbard | ADDRESS 4107 Wilkens Av

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

6370 06370

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place) 24yrs mo 27d
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Markowitz (Markiewicz) (Last)

4. DATE OF DEATH (Month) July (Day) 18, (Year) 19 55

5. SEX: Male **6. COLOR OR RACE:** White **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Married? **8. DATE OF BIRTH:** Unknown **9. AGE last birthday:** 73? yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer **10b. KIND OF BUSINESS OR INDUSTRY:** **11. BIRTHPLACE** (State or foreign country): Czechoslovakia **12. CITIZEN OF WHAT COUNTRY?** Czeckoslovakia

13. FATHER'S NAME: Unknown **14. MOTHER'S MAIDEN NAME:** Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service) **16. SOCIAL SECURITY No.:** Unknown **17. INFORMANT & ADDRESS:** Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.1 — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac failure
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular disease
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Mental Illness

19a. DATE OF OPERATION: 0 **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, street, office bldg., etc.) OF INJURY **21c.** (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] 1010 Leeds Ave
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
M. D.
DATE SIGNED 7-18-55

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 7/21/55 NAME OF CEMETERY OR CREMATORY Levindale Hebrew Home LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 7-21-55 REGISTRAR'S SIGNATURE V. E. Harry **24. FUNERAL DIRECTOR** Francis A. Kemsley ADDRESS 575 Biddle St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

06371

MARYLAND STATE DEPARTMENT OF HEALTH

6371

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middle River
LENGTH OF STAY (In this place) 35 yrs
54
HOSPITAL OR INSTITUTION OR STREET ADDRESS 34 Everlasting Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middle River 54
STREET ADDRESS (If rural, give location) 34 Everlasting Drive

3. NAME OF DECEASED (Type or Print): (First) HAZEL (Middle) M. (Last) MAYS
4. DATE OF DEATH (Month) July (Day) 31 (Year) 1955
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Dec. 4, 1891
9. AGE last birthday 63 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. W.
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Michigan
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Potter
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Carroll Sewell, 34 Everlasting Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Arteriosclerotic cardiovascular disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(260X) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* X, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* X, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE R. B. Fisher M.D. (Degree or title) Chief Medical Examiner ADDRESS 700 Fleet Street DATE SIGNED Aug. 1, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug. 3/55 — NAME OF CEMETERY OR CREMATORY Mount Ridge — LOCATION (City, town, or county) (State) Catonsville, Md.

DATE REC'D BY LOCAL REG. 8-3-55 — REGISTRAR'S SIGNATURE R. V. Hedrick

24. FUNERAL DIRECTOR Harry H. Leitzke — ADDRESS 4101 Edmondson Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

ah

06372

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

6372

Reg. Dist. No. 45

1. PLACE OF DEATH:
COUNTY: Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Carroll Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
STREET ADDRESS (If rural give location): 523 S Marlyn Ave

3. NAME OF DECEASED (Type or Print): (First) William (Middle) W (Last) McNeil

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: Nov 27 1879

9. AGE last birthday: 75 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Post Office Ret

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm W McNeil

14. MOTHER'S MAIDEN NAME: Dont Know

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): N

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Wm W McNeil Jr 523 Marlyn Ave

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

42010

Immediate cause (a) Coronary Thrombosis — 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic H.D. Dis — 8 yrs

DUE TO

(c) Senile Arteriosclerosis — 8 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 30, 1955, to July 3, 1955, that I last saw the deceased alive on July 3, 1955, and that death occurred at 6:30 P.M. from the causes and on the date stated above.

SIGNATURE: James G. Means (Degree or title) M.D. — ADDRESS: 520 D. St. Balto 19 — DATE SIGNED: 7/3/55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: July 4/55 — NAME OF CEMETERY OR CREMATORY: Huntington Cem — LOCATION (City, town, or county) (State): Huntington Pa

DATE REC'D BY LOCAL REGISTRAR: July 5, 1955 — REGISTRAR'S SIGNATURE: Mrs. Edith Hurley — 24. FUNERAL DIRECTOR: Miller & Funeral Home — ADDRESS: 2112 Druid Hill

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

6373 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06273

Item 18 Film G184 7-22-55 am

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 27 DAYS
50 HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
3Y01-4
STREET ADDRESS (If rural give location) 15 W. BARNEY STREET

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) B. (Last) MEDICUS

4. DATE OF DEATH: (Month) JULY (Day) 4 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 9/18/87

9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WATCHMAN

10B. KIND OF BUSINESS OR INDUSTRY: OIL COMPANY

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: FRANK MEDICUS

14. MOTHER'S MAIDEN NAME: MARGARET MN: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES ✓ (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 214-01-9250

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP.FT.HOWARD, MARYLAND

18. MEDICAL CERTIFICATION

			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 540.0 IMMEDIATE CAUSE	(A)	ASPHYXIA	SUDDEN
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	ASPIRATION OF VOMITUS (not accidental)	
	DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		HUGE GASTRIC ULCER	UNKNOWN

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA X attended the deceased from JUNE 7, 1955 to JULY 4, 1955, XXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX and that death occurred at 12:10 PM. from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT, M.D.
ADDRESS VAH, FORT HOWARD, MARYLAND
DATE SIGNED 7-5-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 7/8/55
NAME OF CEMETERY OR CREMATORY CEDAR HILL CEMETERY
LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 7-6-55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR McCULLY FUNERAL HOME BALTIMORE, MARYLAND
ADDRESS 128 E. FORT AVE.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6

2

I

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06374 WC

6374

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoneleigh
LENGTH OF STAY (in this place) 3 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 812 Regester Ave. Armacost Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Park 02-50-2
STREET ADDRESS (If rural give location) 10 3rd Ave

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) (Last) Meseke

4. DATE OF DEATH: (Month) July (Day) 15 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 6, 1884

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Ellmer

14. MOTHER'S MAIDEN NAME: Sarah Woodland

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Wm. Meseke 10 3rd Ave Brooklyn Park

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1

Immediate cause (a) Coronary Occlusion

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis Cardiovascular Disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 53, to ....., 19....., that I last saw the deceased alive on 6/21, 19 55, and that death occurred at 7/15/55, from the causes and on the date stated above.

SIGNATURE (Degree or title) Patient Promised Dead by Dr. O'Donnell ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF July 19, 1955 — NAME OF CEMETERY OR CREMATORY Loudon Park — LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Geo. J. Gonce — ADDRESS 4001 Ritchie Hwy Balto 25

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

6375 06375

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 44

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS At Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Edgemere-Baltimore, 19, Md.
STREET ADDRESS (If rural, give location) Maine Avenue Box 10

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) (Last) Michalsia

4. DATE OF DEATH (Month) July (Day) 24 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 3/19/1894

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Nelson Corp.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Stephen Michalski

14. MOTHER'S MAIDEN NAME: Josephine Jankowski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 218-14-9334

17. INFORMANT & ADDRESS: Baltimore 19, Md. Joseph Michalski Jr. Maine Ave Box-10

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Occlusion

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: None **19b. MAJOR FINDING OF OPERATION:** None **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE M. D. Davis M.D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 7/25/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF July 27, 1955

NAME OF CEMETERY OR CREMATORY Sacred Heart Of Mary

LOCATION (City, town, or county) (State) German Hill Rd-Baltimore, Co.

DATE REC'D BY LOCAL REG. 7-26-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR George A. Weber ADDRESS 705 S Conkling St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06376

CERTIFICATE OF DEATH

6376

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X FORT HOWARD
LENGTH OF STAY (in this place) 9 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY SOMERSET
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CRISFIELD 19-39-2
STREET ADDRESS (If rural give location) 78 MARYLAND AVENUE ✓

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) W. (Last) MILBOURNE

4. DATE OF DEATH: (Month) JULY (Day) 29 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: 2-27-87

9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER

10B. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION

11. BIRTHPLACE (State or foreign country): CRISFIELD, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: SIDNEY F. MILBOURNE

14. MOTHER'S MAIDEN NAME: LYDIA B. BELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES ✓ (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 214-18-4249

17. INFORMANT & ADDRESS: CLIN.REC.,VET.ADM.HOSP.,FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0

IMMEDIATE CAUSE (A) ACUTE MYOCARDIAL INFARCTION — RECENT

ANTECEDENT CAUSE (S) DUE TO ARTERIOSCLEROTIC HEART DISEASE — UNKNOWN

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA ~~I~~ attended the deceased from JULY 20, 1955, to JULY 29, 1955, XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX that death occurred at 1:25 P.M. from the causes and on the date stated above.

SIGNATURE F G Dickey
FRANCIS G. DICKEY, M.D. Chief, Medical Service
ADDRESS VAH, FORT HOWARD, MARYLAND
DATE SIGNED 7-29-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF Aug. 1, 1955
NAME OF CEMETERY OR CREMATORY SUNNYRIDGE CEMETERY ✓
LOCATION (City, town, or county) (State) CRISFIELD, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 8-1-55

REGISTRAR'S SIGNATURE L

24. FUNERAL DIRECTOR BRADSHAW FUNERAL PARLOR
ADDRESS CRISFIELD, MARYLAND

6377

06377

Item 7, Frames 8-30-35 et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 21

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fort Miller Island Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1822 Port Street

3V01-4

3. NAME OF DECEASED: (Type or Print) (First) AUGUST (Middle) GRIST (Last) MILLER, JR.

4. DATE OF DEATH (Month) July (Day) 7 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept 9th 1921

9. AGE last birthday: 33 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Pump House For Utility

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Aug Miller Sr

14. MOTHER'S MAIDEN NAME: Margaret Lezanicka

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs Margaret Miller 1822 N. Port St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

929.8

Immediate cause (a) Drowning

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

(3220)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Acute alcoholic intoxication

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY water

21c. (City or town) Miller's Island (County) Baltimore (State) Md.

21d. TIME OF INJURY (Month) July (Day) 7, (Year) 1955 (Hour) 2: A. M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Drowned in 5' water while intoxicated

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R B Fisher M. D.

CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 7/7/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF July 11th 1955

NAME OF CEMETERY OR CREMATORY Swartzs

LOCATION (City, town or county) O'Donnell St. Est (State)

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 7-8-55 H. W. Hedrick

FUNERAL DIRECTOR Geo. Cook

ADDRESS 1701-03 N. Patterson Park Ave

Dove

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

06378

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

6378

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8721 Baker Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 8721 Baker Ave.

3. NAME OF DECEASED (Type or Print) (First) Katherine (Middle) Elmire (Last) Miller
4. DATE OF DEATH (Month) July (Day) 25 (Year) 1955
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married.
8. DATE OF BIRTH Jan. 2, 1883
9. AGE last birthday 72 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William Loose
14. MOTHER'S MAIDEN NAME Louisa Hamp
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mr. George M. Miller 8721 Baker Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary Occlusion — Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertensive Cardio Renal
(c) Vascular Disease — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Charles F. O'Donnell (Degree or title) MD ADDRESS 7501 York Rd DATE SIGNED 7/26/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 7/28/55 | NAME OF CEMETERY OR CREMATORY St. Paul's Lutheran Cem. | LOCATION (City, town, or county) Arcadia (State) Md.

DATE REC'D BY LOCAL REG. AUG 1 1955 | REGISTRAR'S SIGNATURE Dr. Ralph M. Bassett | 24. FUNERAL DIRECTOR Wm. J. Tuckner & Sons Inc. ADDRESS Balto Md.

R.S.B.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

06379

MARYLAND

STATE DEPARTMETT OF HEALTH

6379

CERTIFICATE OF DEATH

Reg. Dist. No. 33

Items 13,14 Film G184 7-18-55 et

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (in this place) 13 years
X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dover Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown X
STREET ADDRESS (If rural, give location) Dover Road

3. NAME OF DECEASED (Type or Print): (First) LOLA (Middle) KEY (Last) MILLER

4. DATE OF DEATH (Month) July (Day) 12 (Year) 1955

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH March 17 1883

9. AGE last birthday 72 yrs. | If under 1 year: Months. Days | If under 24 hrs: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Mr. Eleanor Rice, Reisterstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

434.1

Immediate cause (a) Coronary Thrombosis, acute — 1 hour

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congestive Heart Failure

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 12, 1955, to July 12, 1955, that I last saw the deceased alive on July 12, 1955, and that death occurred at 8:50 A.m., from the causes and on the date stated above.

SIGNATURE Clarence E. McWilliams (Degree or title) M.D. ADDRESS Reisterstown, Maryland DATE SIGNED July 12 1955

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial — DATE 7/15/55 — NAME OF CEMETERY ~~OR CREMATORY~~ Mt. Olive — LOCATION (City, town, or county) Randallstown Md (State)

DATE REC'D BY LOCAL REG. 7-13-55 — REGISTRAR'S SIGNATURE A. Hedrich

24. FUNERAL DIRECTOR Wm Cook Inc. ADDRESS 1217 St. Paul St.

dmr.

MARGIN RESERVED FOR BINDING

M

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07487

Item 8, Film 1877 9-28-55 et

CERTIFICATE OF DEATH

Reg. Dist. No. 31

6380

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Granite

LENGTH OF STAY (in this place) 75 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Granite

STREET ADDRESS (If rural give location) St Paul Ave.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Frances (Last) Miller

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1955

5. SEX: F. 6. COLOR OR RACE: W 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed 8. DATE OF BIRTH: Aug. 7, 1858 9. AGE last birthday 96 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY: Home 11. BIRTHPLACE (State or foreign country): Md. 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ? — Bodka 14. MOTHER'S MAIDEN NAME: ? — Gallager

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO. None 17. INFORMANT & ADDRESS: Mr Francis X Miller - Granite, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

IMMEDIATE CAUSE (A) Coronary occlusion — 1 hr

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cardio-Vascular Disease

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1944 to 7/22/, 1955 that I last saw the deceased alive on 7/22, 1955, and that death occurred at 6:30 P M, from the causes and on the date stated above.

SIGNATURE Wm E. Martin M. D. ADDRESS Randallstown DATE SIGNED 7/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 7-26-55 NAME OF CEMETERY OR CREMATORY St Alphonsus LOCATION (City, town, or county) (State) Woodstock, Md.

DATE REC'D BY LOCAL REGISTRAR 7/23/55 REGISTRAR'S SIGNATURE Wm E. Martin 24. FUNERAL DIRECTOR Luther H. Haight ADDRESS Sykesville, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06380

6381

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Overgi limits | LENGTH OF STAY (in this place) 100 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Wash.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clear Spring, Md. 21X-2

STREET ADDRESS (If rural, give location) Route # 2

3. NAME OF DECEASED: (Type or Print) (First) DEBRA (Middle) KAY (Last) MILLS

4. DATE OF DEATH: (Month) 7 (Day) 30 (Year) 19 55

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 3/22/55

9. AGE last birthday: yrs.

IF UNDER 1 YEAR: Months 4 Days 8 | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? US.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: CARRIE MAE MILLS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

752X

Immediate cause (a) Bronchopneumonia; generalized toxemia — Interval Between Onset and Death: 1 week.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Meningocele, hydrocephalus — from birth

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7/21/55

19b. MAJOR FINDINGS OF OPERATION: Ventriculo peritneal shunt

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/19, 19 55, to 7/30, 19 55, that I last saw the deceased alive on 7/30, 19 55, and that death occurred at 4 a.m., from the causes and on the date stated above.

SIGNATURE David J. Veil (DEGREE OR TITLE) MD ADDRESS Clinical Director DATE SIGNED 7/30/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 8/1/55 | NAME OF CEMETERY OR CREMATORY St. Pauls | LOCATION (City, town, or county) Clear Spring (State) Md.

DATE REC'D BY LOCAL REG. 7-31-55 | REGISTRAR'S SIGNATURE Mary B. Eline | **24. FUNERAL DIRECTOR** Adrian H. Rowland | ADDRESS Clear Spring Md.

2035171418

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

06381

6382

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ON PAVEMENT AT — LENGTH OF STAY (In this place) UNK.
HOSPITAL OR INSTITUTION OR STREET ADDRESS CENTRAL + ST. HELENA AVE. BALTO. Co. SIDE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE (22) 3V01-4
STREET ADDRESS (If rural, give location) 6562 PARNELL AVE.

3. NAME OF DECEASED (Type or Print): (First) MAJOR (Middle) (Nmi.) (Last) MITCHELL
4. DATE OF DEATH (Month) 7- (Day) 5- (Year) 1955
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: DEC (?) 1884
9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HANDYMAN
10b. KIND OF BUSINESS OR INDUSTRY: FOUNDRY
11. BIRTHPLACE (State or foreign country): N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: (UNKNOWN)
14. MOTHER'S MAIDEN NAME: MARGARET (?)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-01-3446
17. INFORMANT: M.S. McMAHON 6591 ST. HELENA AVE. BALTO. 22, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

353.3

Immediate cause (a) Coronary occlusion — Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Epilepsy — Dec 1890.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) July (Day) 5 (Year) 1955 (Hour) 7:30 a.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: W. McCormore M.D. (Degree or title) ADDRESS: Deputy Medical Examiner Balto. Co. Dunbalk 22. DATE SIGNED: July 5 55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 7-7-55 — NAME OF CEMETERY OR CREMATORY: OAK LAWN — LOCATION (City, town, or county) (State): BALTO. Co. Md.

DATE REC'D BY LOCAL REG.: July 5-1955 — REGISTRAR'S SIGNATURE: William M Kelly — 24. FUNERAL DIRECTOR: Wm. Burke Buckley — ADDRESS: Dundalk, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06282

6383

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY BALTO. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X RURAL - RANCHLEIGH
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6611 EDEN VALE RD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL - RANCHLEIGH X
STREET ADDRESS (If rural give location) 6611 EDEN VALE RD.

3. NAME OF DECEASED: (Type or Print) (First) KATIE (Middle) (Last) MOGOL

4. DATE OF DEATH: (Month) 7 (Day) 12 (Year) 1955

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 1884
9. AGE last birthday 70 yrs.
IF UNDER 1 YEAR: Months ... Days ...
IF UNDER 24 HRS.: Hours ... Min. ...

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTIMORE, MD
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: NATHAN SMITH
14. MOTHER'S MAIDEN NAME: REBECCA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: FRANK MOGOL - SAME

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260 X IMMEDIATE CAUSE (A) Cardiac Failure, chronic — 2 years

DUE TO

ANTECEDENT CAUSE (B) Arteriosclerosis, Hypertension, Rheumatic C(V) — ?

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Diabetes, Mellitus

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Asthma, Peptic Ulcer — ?

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1948 to 7/12, 1955, that I last saw the deceased alive on 6 PM 7/12/55, 19.... and that death occurred at 6 PM, from the causes and on the date stated above.

SIGNATURE E. D. Lisanby M. D. ADDRESS 3210 Robert Drive DATE SIGNED 7/13/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: 7-14-1955
NAME OF CEMETERY OR CREMATORY: ARLINGTON
LOCATION (City, town, or county) (State): BALTO. MD

DATE REC'D BY LOCAL REGISTRAR: 7-14-55
REGISTRAR'S SIGNATURE: A. W. Hedrick
24. FUNERAL DIRECTOR: Jack Lewis Inc - 2100 Eutaw Place
ADDRESS

M

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

Lisa Lay
3210 Liberty Hgts
MO 3085

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

6384

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X LOCHERN
LENGTH OF STAY (in this place): 14 YEARS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00 6419 Liberty Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LOCHERN X
STREET ADDRESS (If rural, give location): 6419 Liberty Road

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) ROBINSON (Last) MOLLOY

4. DATE OF DEATH: (Month) July (Day) 7 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 10-6-86

9. AGE last birthday: 68 yrs. — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: DOMESTIC

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: WILLIAM R. FOLTZ.

14. MOTHER'S MAIDEN NAME: ANNA B. EISENHARDT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — **(If year, give war or dates of service)**: NONE

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: LAWRENCE P. MOLLOY 6419 Liberty Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

170X

Immediate cause (a) Cerebrovascular

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Metastasis to Brain & Chest — 6 mos.

(c) Ca of Left Breast Treated - exp

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1955, to 7-7, 1955, that I last saw the deceased alive on 7-6, 1955, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE: Wm Thos J Allen (Degree or title) — ADDRESS: 4509 Liberty Heights Ave Baltimore 7 Md — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE: 7-11-55 | NAME OF CEMETERY OR CREMATORY: Loudon PARK | LOCATION (City, town, or county): BALTIMORE (State): Md.

DATE REC'D BY LOCAL REG.: 7-12-55 | REGISTRAR'S SIGNATURE: [illegible] | **24. FUNERAL DIRECTOR**: George L. Schwab — ADDRESS: 2101 Frederick Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

06284

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6385

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
55
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 408 Oak Lane
00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
3Y01-4
STREET ADDRESS (If rural give location) 3705 Old York Road

3. NAME OF DECEASED: (Type or Print) (First) Mr. (Middle) Charles Edgar (Last) Moran

4. DATE OF DEATH: (Month) July (Day) 5, (Year) 1955

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: June 14, 1878
9. AGE last birthday 77 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr. Richard T. Moran
14. MOTHER'S MAIDEN NAME: Alice ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mr

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
IMMEDIATE CAUSE (A) Coronary artery occlusion
DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: 12 hours

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1954, to July 5, 1955, that I last saw the deceased alive on 11/15, 1954, and that death occurred at 2A M, from the causes and on the date stated above.

SIGNATURE Maddeus C. Sumiski M. D. ADDRESS 17W. Pennsylvania Ave. Towson DATE SIGNED July 5, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF July 8, 1955
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR July 5, 1955
REGISTRAR'S SIGNATURE A. M. Hedrick
24. FUNERAL DIRECTOR Leonard J. Ruck
ADDRESS 5305 Harford Road #14

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

Dr. Thaddeus Siwinski
17 W. Penna Avenue
until 10:30nA.N.

6386 06285

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 30

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) CATONSVILLE
LENGTH OF STAY (in this place) 1 1/2 mon 14
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE ST. HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY BALTIMORE
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN BALTIMORE 3V01-4
STREET ADDRESS 1715 W. PRATT St. (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) LYDIA (Middle) BAKER (Last) MORGAN

4. DATE OF DEATH (Month) 7 (Day) 15 (Year) 1955

5. SEX: F **6. COLOR OR RACE:** W **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** WIDOWED **8. DATE OF BIRTH:** 10/16/1879 **9. AGE last birthday:** 75 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): housewife **10b. KIND OF BUSINESS OR INDUSTRY:** — **11. BIRTHPLACE** (State or foreign country): North Carolina **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13. FATHER'S NAME: BENNETT BAKER **14. MOTHER'S MAIDEN NAME:** MARY GRIZZARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) **16. SOCIAL SECURITY No.:** none **17. INFORMANT & ADDRESS:** Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

902.8 Immediate cause (a) Uremia
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Chronic glomerulonephritis
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture of neck of left femur

19a. DATE OF OPERATION: — **19b. MAJOR FINDING OF OPERATION:** — **20. AUTOPSY?** Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc.) INJURY Hospital **21c.** (City or town) BALTIMORE (County) BALT. (State) Md.

21d. TIME OF INJURY (Month) Jun (Day) 20 (Year) 1955 (Hour) M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☒ **21f. HOW DID INJURY OCCUR?** Fall from bed

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [illegible] M. D. 1010 Leeds Ave. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 7-15-55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal **DATE THEREOF** 7/17/55 **NAME OF CEMETERY OR CREMATORY** Greenwood Cem. **LOCATION** (City, town, or county) Tarboro, N.C. (State)

DATE REC'D BY LOCAL REG. JUL 16 1955 **REGISTRAR'S SIGNATURE** ~~Huntington Williams, M.D.~~ Victor E. Harry **24. FUNERAL DIRECTOR** Wm. J. Tickner & Sons **ADDRESS** Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

37

Item 18 Film G184 8-2-55 ams 6387

06386

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X MT. WILSON
LENGTH OF STAY (in this place) 97 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 02 MT. WILSON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SEVERN 02X-2
STREET ADDRESS (If rural give location) EVERGREEN ROAD

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) TYDINGS (Last) NICHOLSON

4. DATE OF DEATH: (Month) 7 (Day) 3 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 4-23-1885
9. AGE last birthday 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MAINTENANCE MAN
10B. KIND OF BUSINESS OR INDUSTRY: DISTRICT TRAINING SCHOOL
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: NICHOLAS REVERDY NICHOLSON ~~NICHOLAS REVERDY~~
14. MOTHER'S MAIDEN NAME: ANNE MARIA TYDINGS.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
(If Yes, give war or dates of service) - - - - -
16. SOCIAL SECURITY NO. 269-14-2915
17. INFORMANT & ADDRESS: ANNE NICHOLSON EVERGREN ROAD SEVERN MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARCINOMA OF THE LUNG — INTERVAL BETWEEN ONSET AND DEATH: 4 MONTHS

DUE TO (B) PULMONARY TUBERCULOSIS

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 002X

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. MINIMAL PULMONARY TUBERCULOSIS, INACTIVE dur. Unkn.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-29-, 1955, to 7-3-, 1955, that I last saw the deceased alive on 7-3-, 1955, and that death occurred at 9 A. M, from the causes and on the date stated above.

SIGNATURE William Murphy M.D. ADDRESS MT. WILSON MARYLAND DATE SIGNED 7-3-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF July 6, 1955 — NAME OF CEMETERY OR CREMATORY Epiphany Ch. Cem. — LOCATION (City, town, or county) Odenton (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 5, 1955 — REGISTRAR'S SIGNATURE Dorothy Newell L. J. D'Alba — 24. FUNERAL DIRECTOR W. T. Kingston — ADDRESS Glen Burnie Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

06387

6388

Items18,21,22 Film G186 9-13-55 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (In this place) 52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp. 14

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel 1641.2
STREET ADDRESS (If rural, give location) 321 Montgomery St.

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) ELSROAD (Last) NICOLL
4. DATE OF DEATH (Month) July (Day) 30 (Year) 1955
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Sept. 27, 1882
9. AGE last birthday 72 yrs. yrs. — If under 1 year Months Days — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) accountant
10b. KIND OF BUSINESS OR INDUSTRY U.S. Government
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Samuel Pentz Nicoll
14. MOTHER'S MAIDEN NAME Christine Carrie Culver
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Betty N. Hopkins, Laurel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

904.0 **Immediate cause** (a) Extensive intra-pulmonary hemorrhage secondary to a fall

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of 12th thoracic vertebra

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home — (CITY OR TOWN) Laurel (COUNTY) Pr. Georges (STATE) Md.
TIME OF INJURY (Month) (Day) July 24, (Year) 1955 (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell to kitchen floor

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☒, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE [signature] (Degree or title) ADDRESS Ass't. Medical Examiner-700 Fleet St.-Balto.2,Md. DATE SIGNED 7/30/55

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Aug. 2, 1955 — NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery — LOCATION (City, town, or county) (State) Laurel, Md.

DATE REC'D BY LOCAL REG. AUG 1 1955 — REGISTRAR'S SIGNATURE [signature] Victor H. Hayes, M.D.

24. FUNERAL DIRECTOR DeWitt Donaldson, Laurel, Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06388

6339

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 3V01-4
STREET ADDRESS (If rural give location) 4912 PEMBRIDGE AVENUE

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) (NMI) (Last) NOVEY

4. DATE OF DEATH: (Month) JULY (Day) 11 (Year) 19 55

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 7-4-99
9. AGE last birthday 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): POSTAL CLERK
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): NEW YORK, N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ISAAC NOVEY
14. MOTHER'S MAIDEN NAME: HANNAH YARWARTZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.0 IMMEDIATE CAUSE	(A) INFARCTION OF THE MYOCARDIUM	UNKNOWN
ANTECEDENT CAUSE (S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) ARTERIOSCLEROTIC HEART DISEASE	UNKNOWN
DUE TO		
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from JULY 10, 1955, to JULY 11, 1955, ~~[illegible]~~ and that death occurred at 11:30 PM from the causes and on the date stated above.

SIGNATURE F G Dickey ADDRESS DATE SIGNED
FRANCIS G. DICKEY, CHIEF, MEDICAL SERVICE M. D. VAH FT. HOWARD, MD 7/12/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 7-13-55
NAME OF CEMETERY OR CREMATORY SHAAREI ZION CEMETERY
LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 7-13-55
REGISTRAR'S SIGNATURE A.W.Hedrich
24. FUNERAL DIRECTOR SOL LEVINSON BROTHERS INC. ADDRESS 1124-26 W. NORTH AVE. BALTO. MARYLAND

dmr.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06389

6390

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:

COUNTY BALTIMORE MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN X Owings Mills

LENGTH OF STAY (in this place) 2 yrs 6 mos

HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 ROSEWOOD TR. SCHOOL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE 3V01-4

STREET ADDRESS (If rural, give location) 3934 FRISBY ST.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ALICE (Last) O'CONNOR

4. DATE OF DEATH: (Month) 7 (Day) 16 (Year) 19 55

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 11-5-48

9. AGE last birthday: 6 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JAMES J. O'CONNOR

14. MOTHER'S MAIDEN NAME: ALICE E. HOKEMEYER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) none

16. SOCIAL SECURITY NO.: none,

17. INFORMANT & ADDRESS: James J. O'Connor 3934 Frisby St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

353.3

Immediate cause (a) Serial Epilepsy & cerebral edema — Interval Between Onset and Death: 12 hrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. congenital interventricular septal cardiac defect — congenital

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 19 55, to July 16, 19 55, that I last saw the deceased alive on July 16, 19 55, and that death occurred at 6:50 A m., from the causes and on the date stated above.

SIGNATURE Viola B. Johns (DEGREE OR TITLE) M.D ADDRESS Rosewood Owings Mills Md. DATE SIGNED 7-16-55

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF July 19, 1955 — NAME OF CEMETERY OR CREMATORY New Cathedral — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE ✓

24. FUNERAL DIRECTOR John A. Moran — ADDRESS 3000 E. Baltimore

per Edwin M. Stalling

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06390

6391

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
LENGTH OF STAY (in this place) Sojourn
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lutheran Deaconess Home

2. USUAL RESIDENCE (HOME) OF DEACESED:
STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
STREET ADDRESS (If rural give location) 1100 Boyce Av

3. NAME OF DECEASED: (Type or Print) (First) Flora (Middle) Belle (Last) Ehler
4. DATE OF DEATH: (Month) July (Day) 21st (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: March 20 1866
9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Deaness
10b. KIND OF BUSINESS OR INDUSTRY: Religious Order
11. BIRTHPLACE (State or foreign country): Frederick Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Samuel Ehler
14. MOTHER'S MAIDEN NAME: Susan Ann
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Lutheran Deaconess Home

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331X

Immediate cause (a) Cerebral thrombosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis & senility

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1950, to 7-21, 1955, that I last saw the deceased alive on 7-20, 1955, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

SIGNATURE C. L. Ewald Jr. (Degree or title) ADDRESS 36 York St. DATE SIGNED 7/22/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF July 23/55 | NAME OF CEMETERY OR CREMATORY Elias Lutheran | LOCATION (City, town, or county) Catonsville (State) Md

DATE REC'D BY LOCAL REGISTRAR 7-22-55 | REGISTRAR'S SIGNATURE A. W. Kduel | 24. FUNERAL DIRECTOR F. B. Wappel | ADDRESS 1310 Eutaw Place

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

6392

06391

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockdale
LENGTH OF STAY (in this place) 15 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3625 Rockdale Terrace

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rockdale
STREET ADDRESS (If rural, give location) 3625 Rockdale Terrace

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) (Last) Olson

4. DATE OF DEATH (Month) July (Day) 5, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Abt. 1874

9. AGE Last birthday: Over 80 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? England

13. FATHER'S NAME: John McArdell

14. MOTHER'S MAIDEN NAME: Emma Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: H.L. Zouck - 3625 Rockdale Terrace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Pulmonary Edema	12 hr.
DUE TO			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Chronic Myocarditis	1 yr.
DUE TO			
	(c)	Art. Sclerosis	2-3 yrs.

422.1
902.0

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fractures left hip — 3 mons.

19a. DATE OF OPERATION: April 22, 1955

19b. MAJOR FINDING OF OPERATION: Cytoscopic cath applied

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH. Accident

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home

21c. (City or town) 3625 Rockdale Terrace (County) Balt. (State) Md.

21d. TIME OF INJURY (Month) April (Day) 21, (Year) 1955 (Hour) 7:00 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Fell over step in kitchen

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. D. Coplin M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 7-5-55

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation

DATE THEREOF July 6, 1955

NAME OF CEMETERY OR CREMATORY Loudon Park Crematory

LOCATION (City, town, or county) Balt. (State) Md.

DATE REC'D BY LOCAL REG. 7-5-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Lamoreaux

ADDRESS 4510 Liberty Heights Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

06392

6393

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X SPARROWS POINT | LENGTH OF STAY (in this place) 3 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 908 H. STREET

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS POINT (19) X
STREET ADDRESS (If rural, give location) 908 H ST.

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) EDWARD (Last) OWENS
4. DATE OF DEATH (Month) JULY (Day) 7 (Year) 19 55

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 6 SEPT, 1895
9. AGE last birthday 59 yrs.
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICIAN
10b. KIND OF BUSINESS OR INDUSTRY STEEL MFGR
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME FRANK OWENS
14. MOTHER'S MAIDEN NAME (UNK)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 213-07-3804
17. INFORMANT AND ADDRESS BESSIE S. OWENS - SAME ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151X

Immediate cause (a) Generalized Pneumatosis — 6 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Stomach — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1955, to July 7, 1955, that I last saw the deceased alive on July 7, 1955, and that death occurred at 7:15 A.M., from the causes and on the date stated above.

SIGNATURE James W. Means (Degree or title) M.D. ADDRESS 520 D St. DATE SIGNED 7/7/55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF July 11, 1955
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. July 11, 1955
REGISTRAR'S SIGNATURE Dr. Dawson Fisher
24. FUNERAL DIRECTOR Walter Brooke Bradley
ADDRESS Glendale, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

06393

MARYLAND

STATE DEPARTMETT OF HEALTH

6394

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Offutt Memorial Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) BURK (Last) PACKARD
4. DATE OF DEATH (Month) July (Day) 30, (Year) 1955
5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept. 19, 1875
9. AGE last birthday 79 yrs. | If under 1 year: Months, Days | If under 24 hrs: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Baltimore County, Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Henry Burk
14. MOTHER'S MAIDEN NAME Louisa Homan Burk
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Champlain S. Packard, Jr., Monkton, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) Cerebral vascular accident — 2 wks

Antecedent cause(s) (b) Generalized + cerebral arteriosclerosis — over 1 year

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jul 55, 19..., to July 55, 19..., that I last saw the deceased alive on 29 July, 19 55, and that death occurred at ...m., from the causes and on the date stated above.

SIGNATURE Martin F. Lies (Degree or title) M.D. ADDRESS Cockeysville Md. DATE SIGNED 30 July 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 8/1/55 | NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery | LOCATION (City, town, or county) Woodlawn, (State) Maryland

DATE REC'D BY LOCAL REG. 8-1-55 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR Wm. Cook Inc. | ADDRESS 1217 St. Paul St.

MARGIN RESERVED FOR BINDING

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06394

6395

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 4 — LENGTH OF STAY (in this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1745 Yakona Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 4.
STREET ADDRESS (If rural, give location) 1745 Yakona Rd.

55 00 55 1

3. NAME OF DECEASED (Type or Print) (First) MAOMI (Middle) J. (Last) PARRIS
4. DATE OF DEATH (Month) July (Day) 22, (Year) 1955

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Dec. 18, 1884
9. AGE last birthday 70 yrs. — If under 1 year Months Days — If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Charles Calverton Egerton Hall
14. MOTHER'S MAIDEN NAME Amanda Cornelia Gardner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr. James W. Parris, 1745 Yakona Rd. -4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Myocardial Degenration

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Artery Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1955, to July 18, 1955, that I last saw the deceased alive on July 18, 1955, and that death occurred at 5:50 P.M., from the causes and on the date stated above.

SIGNATURE Denis J. McGrath (Degree or title) M.D. ADDRESS 8358 Loch Raven Blvd Balto. 4. DATE SIGNED 7/23/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF July 26, 1955 — NAME OF CEMETERY OR CREMATORY Druid Ridge — LOCATION (City, town, or county) (State) Pikesville, Balto. Co., Md.

DATE REC'D BY LOCAL REG. 7-27-55 — REGISTRAR'S SIGNATURE [illegible] Hedrick Deputy

24. FUNERAL DIRECTOR John O. Mitchell & Sons Inc. ADDRESS 1900 Eutaw Place, Balto.

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

06295

MARYLAND

STATE DEPARTMETT OF HEALTH

6396

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — LENGTH OF STAY (in this place)
55
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1615 Naturo Road
00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — 55
STREET ADDRESS (If rural, give location) 1615 Naturo Road — 1

3. NAME OF DECEASED (Type or Print): (First) Mr. (Middle) William E. (Last) Parrish

4. DATE OF DEATH (Month) July (Day) 13th (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 10/16/1895

9. AGE last birthday: 59 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman Government Service

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr. William Thomas Parrish

14. MOTHER'S MAIDEN NAME: Pauline Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

16. SOCIAL SECURITY NO. (If year, give war or dates of service):

17. INFORMANT AND ADDRESS: Mrs. Hattie L. Parrish. 1615 Naturo Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — 1 week

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterial Hypertension — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1940, to 7-13, 1955, that I last saw the deceased alive on 7-12, 1955, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE C. W. Reuter (Degree or title) M.P. — ADDRESS 4508 Harford Rd — DATE SIGNED 7-14-55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE July 15, 1955 — NAME OF CEMETERY OR CREMATORY Balto National — LOCATION (City, town, or county) Balto Md (State)

DATE REC'D BY LOCAL REG. 7-14-55 — REGISTRAR'S SIGNATURE A.W.Hedrich dmr.

24. FUNERAL DIRECTOR: Leonard J. Ruck — ADDRESS 5305 Harford Road #14

MARGIN RESERVED FOR BINDING

M

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Dr. Peake

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 06296

6397

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 52
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines 90 13 Fusting Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01-4
STREET ADDRESS (If rural give location) 5607 Wayne Ave.

3. NAME OF DECEASED: (Type or Print) (First) FREDERICK (Middle) W. (Last) PAULUS

4. DATE OF DEATH: (Month) 7 (Day) 28 (Year) 1955

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed
8. DATE OF BIRTH: May 7, 1874
9. AGE last birthday 81 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber
10B. KIND OF BUSINESS OR INDUSTRY: Hotel
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Paulus
14. MOTHER'S MAIDEN NAME: Catherine Roth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Samuel Lambdin - 5607 Wayne Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 da.

DUE TO

ANTECEDENT CAUSE (B) Hypertensive Cardio-Vascular Disease — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-25, 1955, to 7-28, 1955, that I last saw the deceased alive on 7-28, 1955, and that death occurred at 12.25 P.M. from the causes and on the date stated above.

SIGNATURE Wilmer K. Gallager M.D. ADDRESS Catonsville-28, Md. DATE SIGNED 7-28-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7/30/55
NAME OF CEMETERY OR CREMATORY Woodlawn Cem.
LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR 7-29-55
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Wm. J. Dickner & Sons
ADDRESS Balto 17 Md

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6398

06397

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 30

1. PLACE OF DEATH:

COUNTY DALTO. MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) CATONSVILLE

LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 1350 N. ROLLING RD.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD. COUNTY DALTO.

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN CATONSVILLE

STREET ADDRESS (If rural, give location) 1350 N. ROLLING RD.

3. NAME OF DECEASED: (Type or Print) (First) WORTHINGTON (Middle) (Last) PEARCE

4. DATE OF DEATH (Month) JULY (Day) 26 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWER

8. DATE OF BIRTH: 1904

9. AGE last birthday: 51 yrs.

IF UNDER 1 YEAR: Months Days

IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): MECHANIC

10b. KIND OF BUSINESS OR INDUSTRY: SELF. EMP.

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN M. PEARCE

14. MOTHER'S MAIDEN NAME: FLORENCE V.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Raymond Davidson - 1036 Combs Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 973.1

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxiation, Carbon Monoxide gas

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Closed himself in auto using tube from exhaust to muffler Pipe

DUE TO

(c) Suicide

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ **or CONTRIBUTING** ☐ **CAUSE OF DEATH.**

21b. PLACE (Home, farm, factory, street, office bldg., etc.) **OF INJURY** Home

21c. (City or town) Catonsville (County) Balto (State) Md

21d. TIME OF INJURY (Month) July (Day) 26 (Year) 55 (Hour) 2-15 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Carbon Monoxide from his auto

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Ted M. Kieffer M. D. 1010 Reisterstown

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED July 26 55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 7-29-55

NAME OF CEMETERY OR CREMATORY Cathedral Cem.

LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG. 7-29-55

REGISTRAR'S SIGNATURE V. E. Flavery

24. FUNERAL DIRECTOR Foley Funeral Home

ADDRESS Catonsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

06398

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6399

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
x CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 7 DAYS
50 HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 3V01-4
STREET ADDRESS (If rural give location) 1822 E. CHASE STREET ✓

3. NAME OF DECEASED: (Type or Print) (First) CHRISTOPHER (Middle) F. (Last) PERRY

4. DATE OF DEATH: (Month) JULY (Day) 9, (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) SINGLE

8. DATE OF BIRTH: 7/3/16

9. AGE last birthday 39 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PACKER

10B. KIND OF BUSINESS OR INDUSTRY: CLOTHING MFG. CO.

11. BIRTHPLACE (State or foreign country): LANCASTER, VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: CHRISTOPHER PERRY

14. MOTHER'S MAIDEN NAME: BLANCHE MN: WILTZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 214-01-7731

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP.,FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162X

IMMEDIATE CAUSE (A) BRONCHOGENIC CARCINOMA, RIGHT LUNG — INTERVAL BETWEEN ONSET AND DEATH: 8 MONTHS

ANTECEDENT CAUSE (S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

(002X)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. TUBERCULOSIS, PULMONARY, CHRONIC, MODERATELY ADVANCED, INACTIVE

19A. DATE OF OPERATION: 4-1-55

19B. MAJOR FINDINGS OF OPERATION: Thoracotomy, right and excision of tissue for biopsy

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that ~~I~~ VA attended the deceased from JULY 2, 1955, to JULY 9, 1955, ~~I last saw him alive on 19~~ and that death occurred at 6:10AM, from the causes and on the date stated above.

SIGNATURE Caridad Gonzalez
CARIDAD GONZALEZ, M.D. M.D.
ADDRESS VAH, FORT HOWARD, MARYLAND
DATE SIGNED 7-9-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 7-12-55
NAME OF CEMETERY OR CREMATORY MOUNT CALVARY CEMETERY
LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 7-12-55

REGISTRAR'S SIGNATURE A.W.Hedrich

24. FUNERAL DIRECTOR ADDRESS
RANDOLPH COLLICK FUNERAL HOME
1412 E. PRESTON STREET, BALTIMORE, MD.

dmr.

07497

6400

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Back River Neck Road-Box 850

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Essex
STREET ADDRESS (If rural, give location) Back River Neck Rd. - Box 850

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) BURNETT A. PETTIT

4. DATE OF DEATH (Month) (Day) (Year) July 29th, 1955

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH March 21, 1885

9. AGE last birthday 70 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) self-employed

10b. KIND OF BUSINESS OR INDUSTRY restaurant owner

11. BIRTHPLACE (State or foreign country) Balto. Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Alexander Stevens Pettit

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 220-07-2273

17. INFORMANT AND ADDRESS Mr. Henry Pettit, 911 Dulaney Valley Ct. (4)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 Immediate cause (a) Myocardial Infarction — 1 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — Years.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 29, 1955, to July 29, 1955, that I last saw the deceased alive on July 29, 1955, and that death occurred at 1:10 p.m., from the causes and on the date stated above.

SIGNATURE Robert J. Lyles, M.D. (Degree or title) ADDRESS 815 Eastern Ave Balt 27, Md. DATE SIGNED July 30, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) burial — DATE THEREOF 8/2/55 — NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery — LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 8/6/55 — REGISTRAR'S SIGNATURE Earle Hurley

24. FUNERAL DIRECTOR Kassalow Funeral Home — ADDRESS 7401 Belair Rd.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Sgt. Ingalls
815 Eastern Ave.

06299

MARYLAND

STATE DEPARTMETT OF HEALTH

6255

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk 53 | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 829 Mildred Avenue 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk 53
STREET ADDRESS (If rural, give location) 829 Mildred Avenue 1

3. NAME OF DECEASED (Type or Print) Mr. (First) Daniel (Middle) J. (Last) Phelan
4. DATE OF DEATH (Month) July (Day) 14th (Year) 1955
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH March 29, 1870
9. AGE last birthday 85 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Hotel Clerk
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Mr. Phelan
14. MOTHER'S MAIDEN NAME Anna Cornor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
16. SOCIAL SECURITY NO. (If year, give war or dates of service)
17. INFORMANT AND ADDRESS Mrs. Warren Ridings, 829 Mildred Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

444X
Immediate cause (a) Heart failure — 15 min.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension and age.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1950, to 14 July, 1955, that I last saw the deceased alive on 8 July, 1955, and that death occurred at 08:50 A.M., from the causes and on the date stated above. 14 July 55

SIGNATURE M. Morrison (Degree or title) ADDRESS 3 Kensington Rd., Dundalk 22 Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE July 18, 1955
NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery
LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. 7-14-55
REGISTRAR'S SIGNATURE A.W.Hedrich
24. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Road #14 ADDRESS

dmr.

MARGIN RESERVED FOR BINDING

Dr. Herbert Morrison
3 Kinship

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06400

6266

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lansdowne — LENGTH OF STAY (in this place):
51
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 224 Elizabeth Ave
00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lansdowne 51
STREET ADDRESS (If rural, give location): 224 Elizabeth Ave

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) M. (Last) Poppham

4. DATE OF DEATH: (Month) July (Day) 4, (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	widower	Sept. 15, 1880	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retird Mechanic	Carvel Hall	Md.	

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: Nannie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Bessie E. Barbee 224 Elizabeth Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Arteriosclerotic Cardiovascular Disease	8 yrs.
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — **19b. MAJOR FINDINGS OF OPERATION:** — **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 17, 1947, to July 4, 1955, that I last saw the deceased alive on June 19, 1955, and that death occurred at 10:15 A m., from the causes and on the date stated above.

SIGNATURE: C. Arthur Rossberg (DEGREE OR TITLE) M.D. ADDRESS: 2436 Washington Blvd Balto. 30 — DATE SIGNED: 7/5/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7-7-55 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REG.: July 11 53 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Howard H. Hubbard — ADDRESS: 4107 Wilkens Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

10.10

06491

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6491

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson 55
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 1/2 Alleghany Ave 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson 55
STREET ADDRESS (If rural give location) 5 1/2 Alleghany Ave

3. NAME OF DECEASED: (Type or Print) (First) Claudius (Middle) Lee (Last) Powell Sr.

4. DATE OF DEATH: (Month) July (Day) 16 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify):
8. DATE OF BIRTH: Aug 4 1875
9. AGE last birthday 79 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Tax Rev.
10B. KIND OF BUSINESS OR INDUSTRY: N.D.G.
11. BIRTHPLACE (State or foreign country): Powellville Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elisha A. Powell
14. MOTHER'S MAIDEN NAME: Laura L. Burbage

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
16. SOCIAL SECURITY NO. 213-34-9258 (If Yes, give war or dates of service)
17. INFORMANT & ADDRESS: Mrs Amy R Powell 5 Alleghany Ave

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Thrombosis — 4 days

DUE TO

ANTECEDENT CAUSE (S) (B) Hypertensive Cardio-

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO

(C) Renal Vascular Disease — 15 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1955, to July 16, 1955, that I last saw the deceased alive on July 16, 1955, and that death occurred at 8 a M, from the causes and on the date stated above.

SIGNATURE Charles F. O'Donnell M.D. ADDRESS 7501 York Rd DATE SIGNED 7/17/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF July 19 1955 — NAME OF CEMETERY OR CREMATORY London Park — LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REGISTRAR July 17, 1955 — REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR John Burns Sons — ADDRESS Towson 4

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06402

6402

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 8 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 3V01-4
STREET ADDRESS (If rural give location) 3610 FRANKFORD AVENUE

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) W. (Last) PRALEY

4. DATE OF DEATH: (Month) JULY (Day) 8 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 7-22-85
9. AGE last birthday 69 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN
10B. KIND OF BUSINESS OR INDUSTRY: INSURANCE
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH PRALEY
14. MOTHER'S MAIDEN NAME: BARBARA (UNKNOWN)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP.,FT.HOWARD,MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

IMMEDIATE CAUSE (A) ASPIRATION PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 8 DAYS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from JUNE 30, 1955, to JULY 8, 1955, and that death occurred at 7:15 A M, from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT M.D. ADDRESS VAH FT. HOWARD, MD DATE SIGNED 7/8/1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF July 12, 1955
NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery
LOCATION (City, town, or county) (State) 4430 Belair Road, Balto. Md

DATE REC'D BY LOCAL REGISTRAR July 9. 1955
REGISTRAR'S SIGNATURE RW.
24. FUNERAL DIRECTOR Leonard J. Ruck Funeral Home ADDRESS 5305 Harford Rd Balto. Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06403

6403

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Stonelegh X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 517 Overbrook Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Stonelegh X
STREET ADDRESS (If rural give location) 517 Overbrook Rd

3. NAME OF DECEASED: (Type or Print) (First) MARTHA (Middle) M (Last) PRICE

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1955

5. SEX: F
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~. (Specify):
8. DATE OF BIRTH: 4/5/1900
9. AGE last birthday 55 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Daniel
14. MOTHER'S MAIDEN NAME: Mary Radtke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Thomas J. Price - 517 Overbrook Rd

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — 1 Hour

ANTECEDENT CAUSE (S) DUE TO Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 27, 1955, to July 27, 1955, that I last saw the deceased alive on July 27, 1955, and that death occurred at 2:05 P M, from the causes and on the date stated above.

SIGNATURE Charles F. O'Donnell M. D. ADDRESS 7501 York Rd DATE SIGNED 7/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) — DATE THEREOF July 30-1955 — NAME OF CEMETERY OR CREMATORY Holy Sepulchre — LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REGISTRAR 7-29-55 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR Wm Cook Inc — ADDRESS 1217 St Paul

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

6404 06404

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 54

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Essex (Middle River) LENGTH OF STAY (in this place) 1 yes.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 126 BLYSTONE ST Sarah Elizabeth Pr

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Same - Balto. 20
STREET ADDRESS (If rural, give location) 54

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Elizabeth (Last) Price

4. DATE OF DEATH (Month) July (Day) 3 (Year) 1955

5. SEX: Fem.
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: Sept 4/1889.
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Solomons Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Evans
14. MOTHER'S MAIDEN NAME: Olive Dougherty.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Milton King. (Son-in law.)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

585 x
Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) arthritis, & Gall Bladder infection — 1 Month.
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY July 3 55 2 PM.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE W. McCarmine M.D. M. D. ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ☐ ~~ASSISTANT MEDICAL EXAM.~~ ☐ DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF July 6, 1955
NAME OF CEMETERY OR CREMATORY Wesley Chapel Cem.
LOCATION (City, town, or county) (State) Rock Hall, Md.

DATE REC'D BY LOCAL REG. 7-6-55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.
ADDRESS ~~2601-3-5 E. Madison St.~~

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06495

6495

CERTIFICATE OF DEATH

Reg. Dist. No. 3

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE
LENGTH OF STAY (in this place) 11 months
52
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE St. Hosp
14

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Pr. Geo. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAUREL 16-111-2
STREET ADDRESS (If rural give location) MONTGOMERY Rd.

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) (Last) PRITCHARD

4. DATE OF DEATH: (Month) 7 (Day) 4 (Year) 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: 6/30/1883
9. AGE last birthday 72 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): dress maker
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES PRITCHARD
14. MOTHER'S MAIDEN NAME: SARA PRITCHARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 7
17. INFORMANT & ADDRESS: HOSPITAL RECORD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

570.5 IMMEDIATE CAUSE (A) Intestinal Obstruction — 7 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosel. Cardio-Vasc. disease — years

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/20, 1954, to 7/4, 1955, that I last saw the deceased alive on 7/4, 1955, and that death occurred at 9.10 P.M, from the causes and on the date stated above.

SIGNATURE S. Wachsler M. D. ADDRESS Spring Grove St. Hospital DATE SIGNED 7/5/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7/7/55
NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery
LOCATION (City, town, or county) (State) Laurel, Maryland

DATE REC'D BY LOCAL REGISTRAR 7-6-55
REGISTRAR'S SIGNATURE A.W. Deuc
24. FUNERAL DIRECTOR Wm. Cook, Inc.
ADDRESS 1217 St. Paul St.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

6406

06406

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 23 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural, give location) 1262 June Road

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Raabe
4. DATE OF DEATH (Month) July (Day) 7, (Year) 1955

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH Feb. 8, 1872
9. AGE last birthday 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vault Keeper
10b. KIND OF BUSINESS OR INDUSTRY Mercantile, Safe Dep.
11. BIRTHPLACE (State or foreign country) Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Herman Raabe
14. MOTHER'S MAIDEN NAME Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Elma R. LeCompte 1262 June Rd.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

332X Immediate cause (a) Cerebral thrombosis — 2 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c) Arteriosclerosis, gen. generalized — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinsonianism

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 3, 1953, to July 7, 1955, that I last saw the deceased alive on July 6, 1955, and that death occurred at 9:30 p m., from the causes and on the date stated above.

SIGNATURE Stephen Maness (Degree or title) ADDRESS Catonsville DATE SIGNED 7-9-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7-11-1955 — NAME OF CEMETERY OR CREMATORY Oak Lawn — LOCATION (City, town, or county) Baltimore Co., (State) Md.

DATE REC'D BY LOCAL REG. 7-11-55 — REGISTRAR'S SIGNATURE [illegible] Hedrick
24. FUNERAL DIRECTOR Frederick A. Cole — ADDRESS 1913 W. Baltimore St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr Stephen Lee Magness

904 Lincoln Ave

Ri 7-6585

6407

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06407

Reg. Dist. No. 30

1. PLACE OF DEATH: 16 Fulting Ave.
COUNTY: Balto. County 28 — MARYLAND Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place): 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: House in the Pines 16 Fulting Ave Catonsville 28

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: a.a.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brooklyn Park — 02X-2
STREET ADDRESS (If rural, give location): 7 Second Ave.

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) STILL (Last) RAY

4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: WHITE

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~, (Specify): widowed

8. DATE OF BIRTH: 9/23/77

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -- unknown

10b. KIND OF BUSINESS OR INDUSTRY: Chemical Co.

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John W. Ray

14. MOTHER'S MAIDEN NAME: -- Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-07-7682

17. INFORMANT AND ADDRESS: Mr. Wilbur J. Ray-501 Church St., Brooklyn Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X
Immediate cause (a) Myocardial Insufficiency — 2 wks.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Chronic Myocarditis — 2 yrs.
(c) Chr. Hypertensive Cardio-Vascular Disease — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr. Rheumatoid Arthritis — ?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-6, 1948, to 7-17, 1955, that I last saw the deceased alive on 7-17, 1955, and that death occurred at 11:20 a.m., from the causes and on the date stated above.

SIGNATURE: Wilmer R. Gallager (Degree or title) M.D. — ADDRESS: Catonsville-28, Md. — DATE SIGNED: 7-18-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/20/55 — NAME OF CEMETERY OR CREMATORY: Loudon Park Cem. — LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 7/19/55 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: Wm. J. Tistener & Sons — ADDRESS: Balto 17 Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

06498

MARYLAND

STATE DEPARTMETT OF HEALTH

6498

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
LENGTH OF STAY (in this place) 13 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS College Manor Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 7900 Knollwood Rd.

3. NAME OF DECEASED (Type or Print) (First) Clara (Middle) Corine (Last) Read

4. DATE OF DEATH (Month) 7 (Day) 11 (Year) 1955

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 5-9-1868

9. AGE last birthday 87 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Otto M. Schaum.

14. MOTHER'S MAIDEN NAME Amelia E Wehn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

(If year, give war or dates of service) –

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS D. Roland Read 7900 Knollwood Towson Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

502.1

Immediate cause (a) Pneumonia — 3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) chronic bronchitis

(c) senility, generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 11, 1955, to July 11, 1955, that I last saw the deceased alive on July 11, 1955, and that death occurred at 5:25 p.m., from the causes and on the date stated above.

SIGNATURE James R. Powder (Degree or title) M.D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation

DATE July 14, 1955

NAME OF CEMETERY OR CREMATORY Greenmount

LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. July 13, 1955

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Glenn T. Seitz ADDRESS 5209 York Rd

MARGIN RESERVED FOR BINDING

I

06409

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6409

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: Spring Grove State Hospital
COUNTY Baltimore Co. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Catonsville 52
LENGTH OF STAY (in this place): 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital 14

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto. ~~City~~
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore Co. 52
STREET ADDRESS (If rural give location): 8 N. Rolling Rd.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Martin (Last) Rebman n
4. DATE OF DEATH: (Month) 7 (Day) 26 (Year) 1955
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: april 30, 1872
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baker
10B. KIND OF BUSINESS OR INDUSTRY: RETIRED
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: JOHN REBMANN
14. MOTHER'S MAIDEN NAME: UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217 14 1971
17. INFORMANT'S NAME AND ADDRESS: Mrs. Marie Kolb 1515 Tunlow Rd. Baltimore 18, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

334X
IMMEDIATE CAUSE (A) Pneumonia
DUE TO
ANTECEDENT CAUSE (S) (B) Chronic brain syndrome associated with cerebral arteriosclerosis
DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Parkinson's syndrome

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-30, 1955, to 7-26, 1955, that I last saw the deceased alive on 7-26, 1955, and that death occurred at 8:00 PM, from the causes and on the date stated above.

SIGNATURE L. Dyne William M.D. ADDRESS Spring Grove State Hosp. DATE SIGNED 7-26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: JULY 30, 1955
NAME OF CEMETERY OR CREMATORY: LOUDON PARK CEMETERY
LOCATION (City, town, or county) (State): BALTIMORE MARYLAND.

DATE REC'D BY LOCAL REGISTRAR: 7/28/55
REGISTRAR'S SIGNATURE: A. W. Hedrich
24. FUNERAL DIRECTOR: HENRY SANDER & SONS INC. BALTIMORE MARYLAND.
ADDRESS: Geo. T. Sander

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

6267

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1806410

CERTIFICATE OF DEATH

Reg. Dist. No. 4n

1. PLACE OF DEATH: COUNTY [redacted] MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Relay
LENGTH OF STAY (in this place): 10 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5169 Viaduct Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Del. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clayton 46X-3
STREET ADDRESS (If rural give location): main St.

3. NAME OF DECEASED: (Type or Print) (First) Lula (Middle) Carey (Last) Rees
4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 20, 1882
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Phillip Carey
14. MOTHER'S MAIDEN NAME: Ruth Boggs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT & ADDRESS: Mrs Helen Brown 5169 Viaduct Relay 27, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

175X

IMMEDIATE CAUSE (A) Cancer of ovary — 1½ yrs

ANTECEDENT CAUSE (S) DUE TO (B) & General Carcinomatosis — 1½

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) General Arteriosclerosis — 1½

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senility

19A. DATE OF OPERATION: 1 May 1954
19B. MAJOR FINDINGS OF OPERATION: Cancer of Ovary
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 24 1953, to July 27, 1953, that I last saw the deceased alive on July 27, 1953, and that death occurred at 11 a M, from the causes and on the date stated above.

SIGNATURE: D. B. Brumbaugh, M.D. ADDRESS: 5609 Main St Elbridge 27 Md. DATE SIGNED: 7/27/53

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 7/30/53
NAME OF CEMETERY OR CREMATORY: Odd Fellows Cemetery
LOCATION (City, town, or county) (State): Smyrna Delaware

DATE REC'D BY LOCAL REGISTRAR: July 27, 53
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: J. Wells Farris
ADDRESS: Smyrna, Delaware

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

(6)

6410

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06411

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 14 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 3V01-4
STREET ADDRESS (If rural give location) 317 NORTH BEND ROAD

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) L. (Last) REYNOLDS
4. DATE OF DEATH: (Month) JULY (Day) 19 (Year) 1955
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: 6-19-96
9. AGE last birthday 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PURCHASING AGENT
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): TURBOTVILLE, PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: HARRY REYNOLDS
14. MOTHER'S MAIDEN NAME: MARGARETTA WETZEL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I- II
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: CLIN.REC.,VET.ADM.HOSP.,FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

IMMEDIATE CAUSE (A) INFARCTION OF MYOCARDIUM — 24 HOURS

DUE TO

ANTECEDENT CAUSE (S) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE — UNKNOWN

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. LEFT HEMIPARESES SECONDARY TO THROMBOSIS OF RIGHT MIDDLE CEREBRAL ARTERY

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from JULY 15, 1955, to JULY 19, 1955, [redacted] and that death occurred at 8:55 AM, from the causes and on the date stated above.

SIGNATURE F G Dickey — ADDRESS — DATE SIGNED

FRANCIS G.DICKEY,M.D.,Chief,Medical Service M. D. VAH, FORT HOWARD, MARYLAND 7-19-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF Jul 23 55 — NAME OF CEMETERY OR CREMATORY DRUID RIDGE CEMETERY — LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 7-21-55 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR Harry H. WITZKE Funeral Home — ADDRESS 4101 Edmondson Ave.,Baltimore, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

06412

MARYLAND

STATE DEPARTMETT OF HEALTH

6411

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carney | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10013 Harford Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carney
STREET ADDRESS (If rural, give location) 10013 Harford Road

3. NAME OF DECEASED (Type or Print) (First) Mr. (Middle) Vernon B. (Last) Richards
4. DATE OF DEATH (Month) July (Day) 23rd (Year) 1955
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Div - Wid
8. DATE OF BIRTH Apr. 2, 1909
9. AGE last birthday 46 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME Mr. Emmitt H. Richards
14. MOTHER'S MAIDEN NAME Minnie A. Bosse
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If year, give war or dates of service)
16. SOCIAL SECURITY NO. 214-01-9838
17. INFORMANT AND ADDRESS MR EMMITT H. Richards - Same.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

345 X

Immediate cause (a) Multiple Sclerosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 20 yrs.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 18, 1936, to July 23, 1955, that I last saw the deceased alive on July 23, 1955, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

SIGNATURE George E. Shannon (Degree or title) M.D. ADDRESS 526 Medical Arts Bldg DATE SIGNED July 24, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE 7-27-55
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG. 7-25-55
REGISTRAR'S SIGNATURE [illegible] Deputy
24. FUNERAL DIRECTOR Leonard J. Ruck, ADDRESS 5305 Harford Road #14

MARGIN RESERVED FOR BINDING

Dr. George Shannon
Medical Arts Bldg.
SA 7 5746

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06413

6412 Item 9, FilmG185 8-15-55 et

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore MT. Wilson, MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Mt. Wilson State Hosp.

LENGTH OF STAY (in this place): 15 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 02

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Great Mills, Md. COUNTY St. Mary's

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 18X-2

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): LAST Ridgell FIRST (Middle) Alphonsus MIDDLE (Full) McHugh

4. DATE OF DEATH: (Month) 7 (Day) 28 (Year) 1955

5. SEX: M

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 11-1-1889

9. AGE last birthday: 66 65 yrs.

IF UNDER 1 YEAR: Months Days

IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Great Mills

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Macu Ridgell

14. MOTHER'S MAIDEN NAME: Georgianna Ferran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): n

(If Yes, give war or dates of service): no

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mt. Wilson St. Hosp. Hospital Records, Mt. Wilson, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE: 002X

(A) DUE TO: fargadvanced pulmonary tuberculosis

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO: Spontaneous pneumothorax

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to ....., 19..., that I last saw the deceased alive on ....., 19..., and that death occurred at 5.42 P.M., from the causes and on the date stated above.

SIGNATURE: William Newman

ADDRESS

DATE SIGNED

M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 7-31-55

NAME OF CEMETERY OR CREMATORY: Our Lady's

LOCATION (City, town, or county) (State): Leonardtown Md

DATE REC'D BY LOCAL REGISTRAR: AUG 1 1955

REGISTRAR'S SIGNATURE: Mrs. Lowell Wathen

24. FUNERAL DIRECTOR: Fr. C. Mattingly

ADDRESS: Leonardtown Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

06414

MARYLAND

STATE DEPARTMETT OF HEALTH

6413

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH
COUNTY Balto. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Cockeysville, Md
LENGTH OF STAY (in this place) 11 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Offutt Memorial Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. 3701-4
STREET ADDRESS (If rural, give location) 307 Lake Ave.

3. NAME OF DECEASED (Type or Print) (First) Olivia (Middle) Stansbury (Last) Roberts

4. DATE OF DEATH (Month) July (Day) 2 (Year) 1955

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wdow

8. DATE OF BIRTH August 23 1875

9. AGE last birthday 79 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HW

10b. KIND OF BUSINESS OR INDUSTRY Housewife

11. BIRTHPLACE (State or foreign country) Maryland.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Kimberly

14. MOTHER'S MAIDEN NAME Alice Kimberly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY No. (If year, give war or dates of service)

17. INFORMANT AND ADDRESS Mrs. Newton Sibley - Monkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 weeks over 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1953, to July, 1955, that I last saw the deceased alive on July 2, 1955, and that death occurred at 12 Noon m., from the causes and on the date stated above.

SIGNATURE Martin T. Kies (Degree or title) M.D. ADDRESS Cockeysville Md DATE SIGNED 2 July 1955

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE July 5, 1955

NAME OF CEMETERY OR CREMATORY Lorraine Park

LOCATION (City, town, or county) Woodlawn. (State) Md.

DATE REC'D BY LOCAL REG. 7-5-55

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR John O. Mitchell & Sons Inc. ADDRESS 1900 Eutaw Pla

Dura

MARGIN RESERVED FOR BINDING

06415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

6414

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rodgers Forge X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 240 Stanmore Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rodgers Forge X
STREET ADDRESS (If rural, give location) 240 Stanmore Road

3. NAME OF DECEASED (Type or Print): (First) Louise (Middle) (Last) Roemer

4. DATE OF DEATH (Month) July (Day) 13, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 14, 1889

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic Help

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Roemer

14. MOTHER'S MAIDEN NAME: Mary R. Heinemann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-32-3990

17. INFORMANT AND ADDRESS: Elizabeth S. Roemer 240 Stanmore Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 X

Immediate cause (a) Hypertension - Cardiac Hypertrophy

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hemiplegia Complete Rt. side

(c) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1955, to July 13, 1955, that I last saw the deceased alive on July 13, 1955, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Laurence C. Koch	M.D.	6805 York Rd.	7/14/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 7-16-1955

NAME OF CEMETERY OR CREMATORY: Western

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 7-15-55

REGISTRAR'S SIGNATURE A.W. Hedrich dmr.

24. FUNERAL DIRECTOR: G. Howard Strong ADDRESS 3207 W. North Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6415

CERTIFICATE OF DEATH

06416

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hampton Village
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 559 Valley View Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hampton Village
STREET ADDRESS (If rural give location) 559 Valley View Rd.

3. NAME OF DECEASED: (Type or Print) (First) GEORGIANA (Middle) E. (Last) ROLLE

4. DATE OF DEATH: (Month) July (Day) 12, (Year) 1955

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: July 20, 1863
9. AGE last birthday 91 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James McCall
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Mrs. Maurice J. Keese-559 Valley View Rd

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) Cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: 3yrs

DUE TO

ANTECEDENT CAUSE (S) (B) Advanced arteriosclerosis — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. ~~HOW DID INJURY OCCUR?~~

22. I hereby certify that I attended the deceased from Jan 1, 1952, to July 12, 1952 that I last saw the deceased alive on July 11, 1953, and that death occurred at 8 A M, from the causes and on the date stated above.

SIGNATURE Walter Stuart M. D. ADDRESS 2220 Garrison Blvd DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF 7/15/55
NAME OF CEMETERY OR CREMATORY: Western Cem.
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 7-18-55
REGISTRAR'S SIGNATURE D. D. Kedrick
24. FUNERAL DIRECTOR Wm. J. Fickner & Sons
ADDRESS Balto 17 Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

06417

MARYLAND

STATE DEPARTMETT OF HEALTH

6416

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE 52
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 804 FREDERICK AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE 52
STREET ADDRESS (If rural, give location) 804 FREDERICK AVE 1

3. NAME OF DECEASED (Type or Print) (First) CHRISTIE (Middle) (Last) RUARK

4. DATE OF DEATH (Month) JULY (Day) 7, (Year) 1955

5. SEX M.

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWER

8. DATE OF BIRTH FEB. 19, 1886

9. AGE Last birthday 69 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) HOOPERS ISLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME JAMES RUARK

14. MOTHER'S MAIDEN NAME LEWIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY NO. (If year, give war or dates of service)

17. INFORMANT AND ADDRESS MRS William UHL, 429 S. PULASKI ST.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Embolism — 1 hr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio. Vascular Disease — 1 yr.

(c) Arteriosclerosis with Decompensation — 2 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-25-55, 19.., to 7-7-55, 19.., that I last saw the deceased alive on 7-7-55, 19.., and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE July. 11/55

NAME OF CEMETERY OR CREMATORY GLEN HAVEN

LOCATION (City, town, or county) (State) GLEN BURNIE MD.

DATE REC'D BY LOCAL REG. 7/11/55

REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR Harry A. Witt

ADDRESS 4101 EDMONDSON AVE.

MARGIN RESERVED FOR BINDING

M

I

06418

6417

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville, — LENGTH OF STAY (in this place): 52

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wayne Aged & Convalescent Home 98 Smithwood Ave., 90

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore — 3V01-4

STREET ADDRESS (If rural, give location): 3029 Harlem Ave.,

3. NAME OF DECEASED (Type or Print): (First) John (Middle) L. (Last) Rudiger

4. DATE OF DEATH (Month) July (Day) 13, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 13, 1883

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant

10b. KIND OF BUSINESS OR INDUSTRY: Pa. Water & Power Co.

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Rudiger

14. MOTHER'S MAIDEN NAME: Elizabeth Mayenschein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 216-03-2218

17. INFORMANT AND ADDRESS: Alice V. Rudiger 3029 Harlem Ave.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X

Immediate cause (a) Multiple Cerebral Vascular Accidents.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Hypertensive Cardio Vascular Disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1955, to July 13, 1955, that I last saw the deceased alive on July 12, 1955, and that death occurred at 11:20 A.M., from the causes and on the date stated above.

SIGNATURE: Joe Gratz M.D. — (Degree or title) — ADDRESS: 127 Edmondson Ave Catonsville 28 Md — DATE SIGNED: 7/14/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7-16-1955 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 7-15-55 — REGISTRAR'S SIGNATURE: A. W. Hedrich

24. FUNERAL DIRECTOR: G. Howard Strong — ADDRESS: 3207 W. North Ave.,

dmr.

Dr. W E. McGRATH
1303 Field Rd
RI 7-4376

06419

MARYLAND

STATE DEPARTMETT OF HEALTH

6263

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH
COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ARBUTUS
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4041 WILKENS AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MD.
COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ARBUTUS
STREET ADDRESS (If rural, give location): 4041 WILKENS AVE.

3. NAME OF DECEASED (Type or Print): (First) KATHERINE (Middle) M. (Last) RUEHL

4. DATE OF DEATH (Month) JULY (Day) 30 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: MAY 1, 1883

9. AGE last birthday: 72 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEKEEPER

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: GEORGE A. SHAFFER

14. MOTHER'S MAIDEN NAME: SABINA PLEMPLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: George C Ruehl - 1 Longwood Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1998

Immediate cause (a) Acute Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: ?

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cancer of left ovary and bowels — 5 mos

(c) — 5 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 53

19b. MAJOR FINDINGS OF OPERATION: Cancer lower bowel + ovary

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to July 30, 1953, that I last saw the deceased alive on July 30, 1953 and that death occurred at 11-30P m., from the causes and on the date stated above.

SIGNATURE: Geo W Kieffer (Degree or title) MD — ADDRESS: 1010 Reisterstown — DATE SIGNED: July 31 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 8-2-53 — NAME OF CEMETERY OR CREMATORY: Loudon Park Cem. — LOCATION (City, town, or county): Balto. (State): Md.

DATE REC'D BY LOCAL REG.: July 31 53 — REGISTRAR'S SIGNATURE: Geo Kieffer

24. FUNERAL DIRECTOR: George A. Farley — ADDRESS: Catonsville, Md.

MARGIN RESERVED FOR BINDING

M

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06420

MARYLAND

6418

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown | LENGTH OF STAY (in this place) 4 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS College Manor

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
STREET ADDRESS (If rural, give location) Sherwood Road.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Andrew (Last) Sacra
4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct 22, 1873
9. AGE last birthday: 81 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): executive Block & Decker
10b. KIND OF BUSINESS OR INDUSTRY: Manufacturing
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James Sacra
14. MOTHER'S MAIDEN NAME: Mary Duenson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): None
16. SOCIAL SECURITY NO. 212-10-9525
17. INFORMANT AND ADDRESS: records - College Manor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4221

Immediate cause (a) Arteriosclerotic Cardio-Vascular disease — years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1954, to July 5, 1955, that I last saw the deceased alive on July 5, 1955, and that death occurred at 8:17 p.m., from the causes and on the date stated above.

SIGNATURE: Elizabeth B. Sherrill (Degree or title) M.D. ADDRESS: Cockeysville, Md. DATE SIGNED: 7/5/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: July 8, 1955
NAME OF CEMETERY OR CREMATORY: Jessops Methodist Cem.
LOCATION (City, town, or county) (State): Cockeysville, Balto. Co., Md.

DATE REC'D BY LOCAL REG.: 9 July 1955
REGISTRAR'S SIGNATURE: Anne Harris Read MacRae
24. FUNERAL DIRECTOR: John Burns' Sons, Towson, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

6256

06421

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 41

1. PLACE OF DEATH:
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Dundalk 22
LENGTH OF STAY (in this place) 12 HRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Merritt Pt. Bathing Beach

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto. 53
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Dundalk 22 Md.
STREET ADDRESS (If rural, give location) 7521 Holabird Ave

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Garrett (Last) Sacra III

4. DATE OF DEATH (Month) July (Day) 17 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: JULY 24, 1940

9. AGE last birthday: 14 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): STUDENT

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: JAMES. G. SACRA II

14. MOTHER'S MAIDEN NAME: VIRGINIA E. ROACH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: JAMES G. SACRA II - SAME RES.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

929.8

Immediate cause (a) Drowning (Accidental) — INTERVAL BETWEEN ONSET AND DEATH: Immediate

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: —

19b. MAJOR FINDING OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY

21c. (City or town) (County) (State) 03

21d. TIME OF INJURY (Month) July (Day) 17 (Year) 1955 (Hour) 6:10 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? Bathing beach drowning

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE P. McCarmine M.D. M. D.

~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ☒ ~~ASSISTANT MEDICAL EXAM.~~ ☐

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF 7-20-55

NAME OF CEMETERY OR CREMATORY OAK LAWN

LOCATION (City, town, or county) (State) BALTO. CO., Md.

DATE REC'D BY LOCAL REG. July 19-1955

REGISTRAR'S SIGNATURE William M Kelly

24. FUNERAL DIRECTOR Walter Brooks Bradley

ADDRESS Dundalk 22, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

06422

6419

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville, Md.
STREET ADDRESS (If rural give location) 5408 13th. Ave.

3. NAME OF DECEASED: (Type or Print) (First) Hannah (Middle) Barbara (Last) Sakers

4. DATE OF DEATH: (Month) (Day) (Year) 7-3-55 19

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 1875
9. AGE last birthday 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): District of Columbia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Heitmuller
14. MOTHER'S MAIDEN NAME: Hannah Bootstein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: JOHN HEITMULLER 5408-13th AVE. HYATTSVILLE, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

IMMEDIATE CAUSE (A) cerebrovascular accident, left

DUE TO

ANTECEDENT CAUSE (B) arteriosclerotic cardio-

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) vascular disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-29-55 19, to 7-3-55 19, that I last saw the deceased alive on 7-3-55, 19, and that death occurred 6:50 A M, from the causes and on the date stated above.

SIGNATURE Hamil Edwards MD ADDRESS Spring Grove State Hospital DATE SIGNED 7-3-55

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial
DATE THEREOF July 5, 1955
NAME OF CEMETERY OR CREMATORY Glenwood Cemetery
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR July 4, 1955
REGISTRAR'S SIGNATURE G. W. Laumann
24. FUNERAL DIRECTOR Arthur Walker
ADDRESS 254 Carroll St NW Takoma Pk. D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

6420

07514 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 30

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Baltimore-Catonsville

LENGTH OF STAY (in this place) 5 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital Baltimore 28, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Anne Arundel Co.

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Unknown 02X-2

STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED: (Type or Print) (First) Hugo (Middle) (Last) Schaivale

4. DATE OF DEATH (Month) July (Day) 26 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 85 yrs.

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): --

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: --

17. INFORMANT & ADDRESS: None-Spring Grove Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

420.0

Immediate cause (a) Cardiac failure

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerotic heart disease

DUE TO

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Mental illness

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE George Kieffer, M.D. 1010 Leidson Geo. M. Kieffer M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 7-27-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 8/9/55

NAME OF CEMETERY OR CREMATORY County Home

LOCATION (City, town, or county) (State) Edgewater Md

DATE REC'D BY LOCAL REG. 8-8-55

REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR Burnett Fardsley

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06423

CERTIFICATE OF DEATH

6421 Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Shady Nook Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY ~~Balto.~~
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01-4
STREET ADDRESS (If rural give location) 301 Cedarcroft Rd.

3. NAME OF DECEASED: (Type or Print) (First) LINNIE (Middle) ELIZABETH (Last) SCHISLER
4. DATE OF DEATH: (Month) (Day) (Year) July 18, 1955

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: Aug. 28, 1867
9. AGE last birthday 87 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ferdinand Scheffer
14. MOTHER'S MAIDEN NAME: Catherine Rever

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. -
17. INFORMANT & ADDRESS: Mr. Herbert N. Schisler-301 Cedarcroft Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 422.1 (A) arteriosclerotic cardiovascular disease — 5 yrs
DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 30, 1953, to 18 July, 1955, that I last saw the deceased alive on 18 July, 1955, and that death occurred at 4:05 P.M. from the causes and on the date stated above.

SIGNATURE John Herbert J. M.D. ADDRESS 1118 St. Paul St. Balt. 2, Md. DATE SIGNED 7-19-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7/20/55
NAME OF CEMETERY OR CREMATORY Baltimore Cem.
LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 7/20/55
REGISTRAR'S SIGNATURE H. W. Hedrick
24. FUNERAL DIRECTOR Wm. J. Tietner & Sons
ADDRESS Balto 17 Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

06424

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

6422

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baldwin — LENGTH OF STAY (in this place) 3 1/2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fork Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baldwin
STREET ADDRESS (If rural, give location) Fork Rd

3. NAME OF DECEASED (Type or Print): (First) August (Middle) P (Last) Schnabel
4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec 19-1876
9. AGE last birthday: 78 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brick Layer
10b. KIND OF BUSINESS OR INDUSTRY: Owner, Own Busnis
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY: U S A

13. FATHER'S NAME: August F Schnabel
14. MOTHER'S MAIDEN NAME: Elizabeth Meinschein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs August P. Schnabel Fork Rd Baldwin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X

Immediate cause (a) Cerebral Hemorrhage — 4 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovas. Dis — 5 yrs.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE / INJURY (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/6, 1953 to 7/19, 1955, that I last saw the deceased alive on 7/18, 1955, and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE: Gifford F. Hudson (Degree or title) M.D. — ADDRESS Fork Md — DATE SIGNED 7/20/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 7/21/55 — NAME OF CEMETERY OR CREMATORY: Belair M. Gardens — LOCATION (City, town, or county) (State): Harford Co. Md

DATE REC'D BY LOCAL REG. 7-20-55 — REGISTRAR'S SIGNATURE W M Hammond
24. FUNERAL DIRECTOR: Hasselbeck Funeral Home — ADDRESS 7401. Belair Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

06425

6269

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HALETHORPE — LENGTH OF STAY (in this place) 3 Months
51
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5615 Oregon Ave
08

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE 3V01-4
STREET ADDRESS (If rural, give location) 119 S. Payson St. ✓

3. NAME OF DECEASED (Type or Print): (First) GERTRUDE (Middle) IRENE (Last) Schwartz
4. DATE OF DEATH (Month) 7 (Day) 21 (Year) 1955

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug 14, 1895
9. AGE last birthday 59 yrs. — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Sieck
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mr George W. Schwartz 5618 Windsor Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151X

Immediate cause (a) Carcinoma of Stomach — 6 Mo

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1954, 19..., to 7/21, 1955, that I last saw the deceased alive on 7/21, 1955, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE Edward A. Vallis (Degree or title) MD — ADDRESS 4300 Liberty Hts Ave — DATE SIGNED 7/22/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 7-25-55 — NAME OF CEMETERY OR CREMATORY Western — LOCATION (City, town, or county) (State) Baltimore, Md

DATE REC'D BY LOCAL REG. 7-25-55 — REGISTRAR'S SIGNATURE A W Le Cuel — 24. FUNERAL DIRECTOR George L. Schwartz — ADDRESS 2141 Frederick Ave Balto., Md.

Dwr

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr Kallins
4300 Liberty Heights

06426

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6423

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lodge Forrest (19) — LENGTH OF STAY (in this place) 18 MONTHS

HOSPITAL OR INSTITUTION OR STREET ADDRESS 7730 North Cove Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Balto.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lodge Forrest (19)

STREET ADDRESS (If rural give location) 7730 North Cove Road

3. NAME OF DECEASED: (Type or Print) (First) CARSON (Middle) CARROLL (Last) SEGELKEN

4. DATE OF DEATH: (Month) July (Day) 3rd, (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Sept. 20, 1880

9. AGE last birthday: 74 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): GENERAL merchant

10b. KIND OF BUSINESS OR INDUSTRY: retail store

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Carson J. Segelken

14. MOTHER'S MAIDEN NAME: Metta Hendrick

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: 219-03-0068

17. INFORMANT & ADDRESS: Mrs. M. Engberg 7730 North Cove Road Lodge Forrest 19, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.0 Immediate cause	(a) Acute Coronary Insufficiency	3 hrs
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Arteriosclerotic Heart Disease	2 yrs
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1955, to June 3, 1955, that I last saw the deceased alive on June 3, 1955, and that death occurred at 9:55 A.M. from the causes and on the date stated above.

SIGNATURE James T. Mears (Degree or title) M.D. ADDRESS 520 D St. Balto 19 Md DATE SIGNED 7/4/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7/6/55 — NAME OF CEMETERY OR CREMATORY Oak Lawn — LOCATION (City, town, or county) Baltimore Co., Md. (State)

DATE REC'D BY LOCAL REGISTRAR July 5, 1955 — REGISTRAR'S SIGNATURE Dawson L. Tarler — FUNERAL DIRECTOR Walter Brooks Bradley — ADDRESS Walter Brooks Bradley, Inc., Dundalk, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

06427

6424

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY BALTO. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ESSEX 54
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Box 575 SUE GROVE RD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX 54
STREET ADDRESS (If rural give location) Box 575 SUE GROVE RD.

3. NAME OF DECEASED: (Type or Print) (First) LYDIA (Middle) SOPHIA (Last) SEIDLICH

4. DATE OF DEATH: (Month) JULY (Day) 25 (Year) 1955

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: OCT. 6, 1890
9. AGE last birthday 64 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): BALTO. MD.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: JOHN NIES
14. MOTHER'S MAIDEN NAME: MATILDA HOHN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: RUTH NUBERT 558 SUE GROVE RD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

IMMEDIATE CAUSE (A) Arterio-sclerotic Cardio-Vascular Lesions — 2 yrs.

DUE TO

ANTECEDENT CAUSE (B) Coronary Thrombosis — 1 Day.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 — no
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 25, 1955, to July 25, 1955, that I last saw the deceased alive on July 25, 1955, and that death occurred at 12:30 P.M, from the causes and on the date stated above.

SIGNATURE James F. White M. D.
ADDRESS 422 Eastern Ave Baltimore 21, Md
DATE SIGNED 7/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF 7/28/55
NAME OF CEMETERY OR CREMATORY Balto. national cemetery
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 7-26-55
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR A. Christine Brzezinski
ADDRESS (21) 1707 Eastern ave

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

06428

Ha 6 01 41

6425

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 46

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Raspeburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8513 Belair Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
STREET ADDRESS (If rural, give location) 8513 Belair Road

3. NAME OF DECEASED (Type or Print) (First) HELEN (Middle) SHESKA (Last)

4. DATE OF DEATH (Month) July (Day) 21, (Year) 1955

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH March 4, 1883

9. AGE last birthday 72 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY own home

11. BIRTHPLACE (State or foreign country) Poland

12. CITIZEN OF WHAT COUNTRY? Poland

13. FATHER'S NAME Andrew Balukevich

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Mr. John F. Sheska, 8513 Belair Road, Balto.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Rt Lung

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1, 1955, to 7/21, 1955, that I last saw the deceased alive on 7/20, 1955, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

SIGNATURE D. J. Bettaglia M.D. (Degree or title) ADDRESS 5829 Belair Rd DATE SIGNED 7/22/55

23. BURIAL, CREMATION, REMOVAL (Specify) burial

DATE THEREOF 7/25/55

NAME OF CEMETERY OR CREMATORY St. Josephs Cemetery

LOCATION (City, town, or county) (State) Belair Rd. Balto. Co., Md.

DATE REC'D BY LOCAL REG. 7-24-55

REGISTRAR'S SIGNATURE W M Hammett

24. FUNERAL DIRECTOR Lassahn Funeral Home

ADDRESS 7401 Belair Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Rittenhouse

6426 Item 9, FilmG183 7-13-55 et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

D6429

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY BALTO. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE
LENGTH OF STAY (in this place) 16 yr.
52
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY PRINCE GEORGE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BRADBURY Hgts. 16X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MARTHA (Middle) ELIZABETH (Last) SIMMS

4. DATE OF DEATH: (Month) 7 (Day) -2- (Year) 19 55

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 8-31-1884
9. AGE last birthday 70 71N/ yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: HOUSEWORK
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: HUSBAND CHARLES SIMMS - DECEASED

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

162X

IMMEDIATE CAUSE (A) Atelectasis left lung — 3mo plus

DUE TO

ANTECEDENT CAUSE (S) (B) Extreme left pleural affusion — 3mo plus

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Bronchogenic carcinoma left lung — unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic cardiovascular disease years

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-14-, 1939 to 7-2-, 1955 that I last saw the deceased alive on 7-2-, 1955, and that death occurred at 12:30 PM, from the causes and on the date stated above.

SIGNATURE Harold Edwards MD — ADDRESS Spring Grove State Hosp. — DATE SIGNED 7-2-55

23. BURIAL, ~~CREMATION~~, ~~REMOVAL (SPECIFY)~~ ~~July 8, 1955~~ — DATE THEREOF July 8, 1955 — NAME OF CEMETERY OR CREMATORY WASHINGTON NATL. — LOCATION (City, town, or county) (State) SUITLAND, Md.

DATE REC'D BY LOCAL REGISTRAR July 7, 1955 — REGISTRAR'S SIGNATURE G W Foumann

24. FUNERAL DIRECTOR M. W. CHAMBERS, CO — ADDRESS 1400 Chapin, D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

06430

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6427

CERTIFICATE OF DEATH 334 Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson 55
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Armacost Nursing Home 812 Register Ave. 90

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 69X-3
STREET ADDRESS (If rural give location) 100 Greenwich Ave, Gosehn, N.Y. ✓

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) (Last) Simon
4. DATE OF DEATH: (Month) 7 (Day) 16 (Year) 19 55
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH: July 16, 1913
9. AGE last birthday 42 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Grocery
11. BIRTHPLACE (State or foreign country): MIDDLETOWN, N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JOHN SIMON
14. MOTHER'S MAIDEN NAME: SILMAY ZEHIA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Dr. Edward Simon Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

931.9

IMMEDIATE CAUSE (A) Cerebral vascular collapse due to — 7 1/2 hrs.

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) hyperpyrexia

DUE TO

(C) heat stroke

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-22, 1954, to 7-16, 1955, that I last saw the deceased alive on 7-16, 1955, and that death occurred at 5:30 AM, from the causes and on the date stated above.

SIGNATURE Frank J. Cyr M.D. ADDRESS 6231 York Rd DATE SIGNED 7/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 7/16/55
NAME OF CEMETERY OR CREMATORY St. John's Cem.
LOCATION (City, town, or county) (State) Goshen, N.Y.

DATE REC'D BY LOCAL REGISTRAR 7-22-55
REGISTRAR'S SIGNATURE Mabel C. Gray
24. FUNERAL DIRECTOR Wm. J. Tietjens & Son
ADDRESS Balto 17 Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

06431

6428 Items 9,13,14 FilmG184 8-9-55 et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 28 — LENGTH OF STAY (in this place) Since Feb 11-1955
52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital
14

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington DC 16X-2
STREET ADDRESS (If rural give location) 2515 Lyons St Washington 21

3. NAME OF DECEASED: (Type or Print) (First) EVA (Middle) LUCILLE (Last) SIMPSON

4. DATE OF DEATH: (Month) 7 (Day) 30 (Year) 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): (Sep) M
8. DATE OF BIRTH: 4-7-1882
9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): USA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward McLelland
14. MOTHER'S MAIDEN NAME: ?? Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

IMMEDIATE CAUSE (A) Acute coronary thrombosis — 3-4 days

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) Coronary arteriosclerosis — years

DUE TO

(C) Generalized arteriosclerosis — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to ....., 19..., that I last saw the deceased alive on 7-30, 1955, and that death occurred at 3.20 p M, from the causes and on the date stated above.

SIGNATURE L. Glyne Williams M.D. — ADDRESS Spring Grove State Hosp — DATE SIGNED 7-31-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) cremation — DATE THEREOF 8/2/55 — NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory — LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REGISTRAR 7-31-55 — REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR RINALDI, F.H. — ADDRESS Washington, DC

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

Bobbitts

Robinsville N.C. Give Feb.11.1922

Family Bible Record

Married

Prince Gray

Weight 10

2212, Born 8# Weight 21

F W (Sep) M 4-7-1882 74

Horsesnife VA VA

EVA LUCILLE SIMPSON M 30 22

7.30 22 3904

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06432

6429

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAK PARK
LENGTH OF STAY (in this place) 6 WEEKS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1942 BELL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ANN. ARL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LINTHICUM
STREET ADDRESS (If rural give location) WINTERSON & ELKRIDGE RD.

3. NAME OF DECEASED: (Type or Print) (First) ELIZABETH (Middle) (Last) SLATER

4. DATE OF DEATH: (Month) JULY (Day) 17 (Year) 1955

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED
8. DATE OF BIRTH: MARCH 14, 1870
9. AGE last birthday 85 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK
10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): VIRGINIA.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: FREDERICK SLATER.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 IMMEDIATE CAUSE (A) Arteriosclerosis

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Terminal Pulmonary Edema DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/2, 1955, to 7/17, 1955, that I last saw the deceased alive on 7/17, 1955, and that death occurred at 10:05 A.M. from the causes and on the date stated above.

SIGNATURE John C. Feney M. D. ADDRESS Lutherville DATE SIGNED 7/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF 7/20/55
NAME OF CEMETERY OR CREMATORY BALTIMORE
LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND.

DATE REC'D BY LOCAL REGISTRAR July 23 55
REGISTRAR'S SIGNATURE Geo Kieffer
24. FUNERAL DIRECTOR Joseph T. Timbrow, Jr. ADDRESS 1328 Eastern Ave. Balt. Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06433

6430

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 86 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1720 Ramsey Street

3. NAME OF DECEASED: (Type or Print) (First) CLARENCE (Middle) O. (Last) SMITH

4. DATE OF DEATH: (Month) July (Day) 17, (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 10/9/95
9. AGE last birthday 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10B. KIND OF BUSINESS OR INDUSTRY: Government
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Lewis Smith
14. MOTHER'S MAIDEN NAME: Anne Forrester

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 213-03-3840
17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

IMMEDIATE CAUSE (A) CARCINOMA OF RIGHT LUNG — INTERVAL BETWEEN ONSET AND DEATH: 2 YEARS

DUE TO

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 6-7-55
19B. MAJOR FINDINGS OF OPERATION: THORACOTMY
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from Apr. 22, 1955 to July 17, 1955 and that death occurred at 6:45 A.M. from the causes and on the date stated above.

SIGNATURE William B. Vandegrift
WILLIAM B. VANDEGRIFT, M.D.
ADDRESS M. D. VAH, FORT HOWARD, MARYLAND
DATE SIGNED 7-18-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF 7-21-55
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 7/21/55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: Wm.Cook-Blight, Inc.
ADDRESS 6009 Harford Rd. Baltimore 14, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

06434

6431

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Fullerton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 3850 Schroeder Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton X
STREET ADDRESS (If rural, give location) 3850 Schroeder Ave.

3. NAME OF DECEASED (Type or Print) (First) DAVID (Middle) M. (Last) SMITH
4. DATE OF DEATH (Month) July (Day) 28, (Year) 1955

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH May 6, 1882
9. AGE last birthday 73 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Huckster
10b. KIND OF BUSINESS OR INDUSTRY self-employed
11. BIRTHPLACE (State or foreign country) Montgomery Co., Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Dennis Smith
14. MOTHER'S MAIDEN NAME Susie -- ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Margaret Conner, 3850 Schroeder Ave. Fullerton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

162X

Immediate cause (a) Myocardial Infarction — 10-15 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Carcinomatosis — 8 mos.

(c) Bronchiogenic Carcinoma, Anaplastic — undet.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchiectasis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1954, to 28 July, 1955, that I last saw the deceased alive on 27 July, 1955, and that death occurred at 3 pm m., from the causes and on the date stated above.

SIGNATURE John C. Hyle (Degree or title) MD ADDRESS 7527 Belair Rd, Balto 6 Md DATE SIGNED 7-29-55

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF 8/1/55
NAME OF CEMETERY OR CREMATORY St. Michaels Luth. Cem.
LOCATION (City, town, or county) (State) Balto. Co., Md.

DATE REC'D BY LOCAL REG. 7-31-55
REGISTRAR'S SIGNATURE W M Hammett
24. FUNERAL DIRECTOR Lassahn Funeral Home
ADDRESS 7401 Belair Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

6432

06435

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 31

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Randallstown
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Liberty Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore X
STREET ADDRESS (If rural, give location) 7631 Liberty Road

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Wilmer (Last) Snyder

4. DATE OF DEATH (Month) July (Day) 8 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 30, 1904

9. AGE Last birthday: 50 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Snyder & Crandall

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Snyder

14. MOTHER'S MAIDEN NAME: Alice M. Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 215-01-7741

17. INFORMANT & ADDRESS: Ethel R. Snyder - 7631 Liberty Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Shot through right temple (Suicide)	15 min.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)	Mental depression	2 weeks
DUE TO (c)		

E976X

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDING OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway

21c. (City or town) Randallstown (County) Baltimore (State) Md.

21d. TIME OF INJURY (Month) July (Day) 8 (Year) 55 (Hour) 4:15 A. M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Shot through head (Self inflicted)

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE L. L. Caplis M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 7/9/55

23. BURIAL, CREMATION, REMOVAL (Specify): Entombment

DATE THEREOF 7/11/1955

NAME OF CEMETERY OR CREMATORY Lorraine Mausoleum

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 7-11-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Ellsworth Armacost

ADDRESS Ellsworth Armacost - 4600 Liberty Hghts. Ave. 7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

J. P. Unruh

6433

06436

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

Item 12 FilmC184 7-29-55 et

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)

52

HOSPITAL OR INSTITUTION OR STREET ADDRESS House in Pines

90

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 3300 Strathmore Ave

3V01-4

3. NAME OF DECEASED (Type or Print): (First) IDA (Middle) (Last) SNYDER

4. DATE OF DEATH (Month) 7 (Day) 21 (Year) 1955

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH

9. AGE last birthday 70 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Russia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Meyer Pass

14. MOTHER'S MAIDEN NAME Dora

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Milton Snyder - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Congestive Heart Failure — 4 da.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic C.V.R. Disease — ?

Generalized Arteriosclerosis

(c) Decubitus Ulcer Sacrum — 2 mo

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-24, 1954, to 7-21, 1955, that I last saw the deceased alive on 7-21, 1955, and that death occurred at 5:40 P.m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

William K. Gallagher M.D. — Catonsville 28, Md. — 7-21-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7-22-55 — NAME OF CEMETERY OR CREMATORY Hebrew Young Men's — LOCATION (City, town, or county) Balto — (State) Md

DATE REC'D BY LOCAL REG. 7/22/55 — REGISTRAR'S SIGNATURE A. A. Redlich M.D. — 24. FUNERAL DIRECTOR Jack Lewis Inc — ADDRESS 2100 Eutaw Pl

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Jones

06437

6257

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY BALTO — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS IN CREEK IN REAR OF 7800 BLOCK FAIRGREEN Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 6910 HOMEWAY
STREET ADDRESS (If rural, give location) DUNDALK 22, md.

3. NAME OF DECEASED (Type or Print): (First) PAUL (Middle) MARION (Last) SPERANZELLA
4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: AUG. 15, 1939
9. AGE last birthday: 15 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SCHOOL BOY
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: GUS SPERANZELLA
14. MOTHER'S MAIDEN NAME: HELEN PREMATTA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: GUS. SPERANZELLA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.8
Immediate cause (a) DROWNING

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Lawrence Creek — (CITY OR TOWN) N. Dundalk — (COUNTY) Balto — (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 7-4-55 11 30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? WAS SWIMMING & SANK - CAUSE NOT

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE M Brown M.d (Degree or title) Dep. Med. Exam — ADDRESS Dundalk — md — DATE SIGNED 7/5/55

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: 7-8-55
NAME OF CEMETERY OR CREMATORY: HOLY REDEEMER
LOCATION (City, town, or county) BALTO. md. (State)

DATE REC'D BY LOCAL REG. July 5-1955
REGISTRAR'S SIGNATURE William M Kelly
24. FUNERAL DIRECTOR Walter Parke Bradley
ADDRESS Glenbeth, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

6434 06438

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point. LENGTH OF STAY (in this place) waterfr

HOSPITAL OR INSTITUTION OR STREET ADDRESS End of Coal Pier Patapsco River

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore.

STREET ADDRESS (If rural, give location) 875 N. Franklin St.

3. NAME OF DECEASED: (Type or Print) (First) Leonard (Middle) Cecil (Last) Spriggs.

4. DATE OF DEATH (Month) July (Day) 20 (Year) 1955

5. SEX: Male 6. COLOR OR RACE: Col. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Sep. 8. DATE OF BIRTH: May-30-1920 9. AGE last birthday: 35 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Laborer 10b. KIND OF BUSINESS OR INDUSTRY: Coal Pier 11. BIRTHPLACE (State or foreign country): Baltimore 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jessie Spriggs 14. MOTHER'S MAIDEN NAME: Blanche ? Spriggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW2 16. SOCIAL SECURITY NO.: 213-18-1292 17. INFORMANT & ADDRESS: Blanche Spriggs Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

929.8

Immediate cause (a) Drowning (accidental).

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY 21c. (City or town) Sparrows Pt. (County) Balto. (State) Md

21d. TIME OF INJURY (Month) July (Day) 20 (Year) 1955 (Hour) 7 A.M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☑ 21f. HOW DID INJURY OCCUR? Bathing Pt end of barge

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE W M Carmine M.D. M. D. ~~CHIEF MEDICAL EXAMINER~~ ☐ DEPUTY MEDICAL EXAMINER ☑ ~~ASSISTANT MEDICAL EXAM.~~ ☐ DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF 7/21/55 NAME OF CEMETERY OR CREMATORY Balto. Nat. Cem. LOCATION (City, town, or county) (State) Baltimore

DATE REC'D BY LOCAL REG. 7/21/55 REGISTRAR'S SIGNATURE U.V. Hedrick 24. FUNERAL DIRECTOR Elroy O. Wilson ADDRESS 1000 Brambling ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06439

6435

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mrs Codd Home

2. USUAL RESIDENCE (HOME) OF DEECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural give location) 200 Rogers Forge Road.

3. NAME OF DECEASED: (Type or Print) (First) Ludwig (Middle) Adolph (Last) Staib
4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1955
5. SEX Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: 26/1875
9. AGE last birthday 79 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Jeweler
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Adolph Staib
14. MOTHER'S MAIDEN NAME: Margaret Geiger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT & ADDRESS: Mrs Dorothea F. Staib Wife 200 Rogers Forge Rd

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

334X IMMEDIATE CAUSE (A) Paralysis Agitans — 5 yrs

DUE TO

ANTECEDENT CAUSE (S) (B) Arteriosclerosis, Cerebral & general — 10 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO

(C) Senility — 10 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, or injury street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 19 40 to July 26 1955, that I last saw the deceased alive on July 24 1955, and that death occurred at 10 55 A M, from the causes and on the date stated above.

SIGNATURE A. S. Charbat Max M.D. ADDRESS 6210 York Rd. DATE SIGNED July 26 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF July 29/55
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Balto. Md.
DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Stewart Mowen Co.
ADDRESS Balto Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06440

6436

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY Baltimore County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 5 mos. 11 das.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sheppard & Enoch Pratt Hosp., Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS 3706 N. Charles Street, Buckingham Arms Apts., (18) (If rural give location)

3Y01-4

55 13

3. NAME OF DECEASED: (Type or Print) (First) Egil (Middle) (Last) Steen

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Apr. 8, 1877

9. AGE Last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer & Grain Merchant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Norway

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Gerhard Steen

14. MOTHER'S MAIDEN NAME: Madsella L. Madsen

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): 9

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
450.0 Immediate cause	(a) BRONCHO PNEAMONIA	UNKNOWN
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) GENERALIZED ARTERIOSCLEROSIS	10 years
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 Feb, 19 55, to 22 July, 19 55, that I last saw the deceased alive on 22 July, 19 55, and that death occurred at 7:50 A.M., from the causes and on the date stated above.

SIGNATURE Richard W. Moss (Degree or title) M.D. ADDRESS Sheppard Pratt Hosp DATE SIGNED 22 July 55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial **DATE THEREOF** 7/25/55 **NAME OF CEMETERY OR CREMATORY** Mt. Carmel Cem. **LOCATION** (City, town, or county) Balto. Co., Md. (State)

DATE REC'D BY LOCAL REGISTRAR July 26, 1955 **REGISTRAR'S SIGNATURE** Mabel Grays **24. FUNERAL DIRECTOR** Wm. J. Tickner & Sons - Balto 17 Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

6253

06441

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 41

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 22 — LENGTH OF STAY (in this place) 17 YRS

HOSPITAL OR INSTITUTION OR STREET ADDRESS 3000 DUNGLOW Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Baltimore

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Dundalk 53

STREET ADDRESS (If rural, give location) 3000 Dunglow Road

3. NAME OF DECEASED: (First) WILLIAM (Middle) H. (Last) STEIN

4. DATE OF DEATH (Month) July (Day) 11 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: 15 DEC. 1890

9. AGE last birthday: 64 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): HEATER

10b. KIND OF BUSINESS OR INDUSTRY: STEEL MFGR.

11. BIRTHPLACE (State or foreign country): PENNA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: W. H. STEIN

14. MOTHER'S MAIDEN NAME: MARY E. TRANSUE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-07-0040

17. INFORMANT & ADDRESS: CARLOS N. STEIN 2900 RITCHIE AVE. EDGEMERE (19)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

443X

Immediate cause (a) Arteriosclerotic cardiovascular disease

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE William H. Stein M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ — DATE SIGNED 7/11/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: JULY 13, 1955 — NAME OF CEMETERY OR CREMATORY: MEADOWRIDGE — LOCATION (City, town, or county) (State): HOWARD Co. Md.

DATE REC'D BY LOCAL REG. July 12-1955 — REGISTRAR'S SIGNATURE William M. Kelly

24. FUNERAL DIRECTOR Butler Bros Dudley, Dundalk, Md — ADDRESS

ah

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

6437

06442

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 30

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 20 yrs +
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove St. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore 3401-4
STREET ADDRESS (If rural, give location) 2204 Kentucky Ave.

3. NAME OF DECEASED: (Type or Print) (First) Louise (Middle) (Last) STIEFEL

4. DATE OF DEATH (Month) 7 (Day) 10 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 11/24/1865

9. AGE last birthday: 89 yrs.

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? ✓

13. FATHER'S NAME: Herman Stiefel

14. MOTHER'S MAIDEN NAME: Margaret Diefenbach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.2

Immediate cause (a) Acute Cardiac failure

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Chronic Myocarditis

DUE TO

(c) Senility

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Mental Illness

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Lee McKiffer 1010 Leadenhall M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED July 10 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 7/12/55

NAME OF CEMETERY OR CREMATORY Parkwood Cem.

LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. 7-11-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Wm. J. Tichenor & Sons

ADDRESS Balto 17 Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06443

6438

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Owings Mills

LENGTH OF STAY (in this place) 35 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 Rosewood Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 21-03-2

STREET ADDRESS (If rural, give location) 414 George Street, ✓

3. NAME OF DECEASED: (Type or Print) (First) Ethel (Middle) Viola (Last) Straub

4. DATE OF DEATH: (Month) 7 (Day) 20 (Year) 19 55

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 5/27/08

9. AGE last birthday: 47 yrs.

IF UNDER 1 YEAR: Months Days

IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): --

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George William Straub

14. MOTHER'S MAIDEN NAME: Erma Fox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) -- (If Yes, give war or dates of service) --

16. SOCIAL SECURITY No.: --

17. INFORMANT & ADDRESS: Rosewood Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

491X

Immediate cause (a) Broncho-pneumonia, Bilateral — 2 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Microcephaly — Life

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/18, 19 55, to 7/20/, 19 55, that I last saw the deceased alive on 7/20, 19 55, and that death occurred at 1:05 p.m., from the causes and on the date stated above.

SIGNATURE Harry G. Butler (DEGREE OR TITLE) M. D. ADDRESS Rosewood, Owings Mills, Maryland DATE SIGNED 7/21/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 7-22-55 — NAME OF CEMETERY OR CREMATORY West Haven Cemetery — LOCATION (City, town, or county) Hagerstown (State) Md

DATE REC'D BY LOCAL REG. July 22 1955 — REGISTRAR'S SIGNATURE Mary B. Eline.

24. FUNERAL DIRECTOR West Haven Funeral Chapel Inc — ADDRESS Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06444

CERTIFICATE OF DEATH

6439

Reg. Dist. No. 37

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Texas - Cockeysville P.O.

LENGTH OF STAY (in this place) 4 yrs 5 mo. 22 ds

HOSPITAL OR INSTITUTION OR STREET ADDRESS 94 Baltimore County Home

2. USUAL RESIDENCE (HOME) OF DEACONSED:

STATE Maryland COUNTY Balto.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton (Rural) X

STREET ADDRESS (If rural give location) Garrettsville Rd

3. NAME OF DECEASED: (Type or Print) (First) Katherine (Middle) Henrietta (Last) Swank

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: ~~April 15~~ 1869

9. AGE last birthday: 86 ? yrs.

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore Co., Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: August ~~Porter~~ Rider

14. MOTHER'S MAIDEN NAME: Dorothy Bloomer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Baltimore County Home Register Texas Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Arteriosclerotic cardiovascular disease — at least 5 years.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1951, to July 8, 1955, that I last saw the deceased alive on July 8, 1955, and that death occurred at 11:50 A.M. from the causes and on the date stated above.

SIGNATURE Elizabeth B. Sherrill (Degree or title) M.D. ADDRESS Cockeysville, Md. DATE SIGNED 7/8/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 7-11-55

NAME OF CEMETERY OR CREMATORY St John's Cemetery

LOCATION (City, town, or county) Phoenix (State) Md

DATE REC'D BY LOCAL REGISTRAR 7/8/55

REGISTRAR'S SIGNATURE Wm. J. Chilcoat

24. FUNERAL DIRECTOR Brooks Funeral Service, Sparks, Md. J. Scott Brooks

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06445

6440

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 110 DAYS
50 HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE (25) X
STREET ADDRESS (If rural give location) 5354 PATRICK HENRY DRIVE /

3. NAME OF DECEASED: (Type or Print) (First) CURTIS (Middle) P. (Last) TATE

4. DATE OF DEATH: (Month) JULY (Day) 5 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 2-9-18

9. AGE last birthday 37 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC

10B. KIND OF BUSINESS OR INDUSTRY: AUTOMOBILE

11. BIRTHPLACE (State or foreign country): MARION, NORTH CAROLINA

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: JOSHUA C. TATE

14. MOTHER'S MAIDEN NAME: MARY LEE HOLLYFIELD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) / YES (If Yes, give war or dates of service) KOREAN

16. SOCIAL SECURITY NO. 245-01-0772

17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSPITAL, FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

193X

IMMEDIATE CAUSE (A) OLIGODENDROGLIOMA

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH 5 YEARS

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 4-1-55 3

19B. MAJOR FINDINGS OF OPERATION Right craniotomy for brain tumor

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA ~~I~~ attended the deceased from MAR. 17, 1955, to JULY 5, 1955 XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXX, and that death occurred at 10:05 PM. from the causes and on the date stated above.

SIGNATURE W. B. Vandegrift WILLIAM B. VANDEGRIFT M.D.

ADDRESS VAH, FORT HOWARD, MARYLAND

DATE SIGNED 7-6-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) REMOVAL

DATE THEREOF 7-7-55

NAME OF CEMETERY OR CREMATORY OLD CEMETERY

LOCATION (City, town, or county) (State) ALBEMARLE, N. CAROLINA

DATE REC'D BY LOCAL REGISTRAR July 6-55

REGISTRAR'S SIGNATURE Dawson L. Harber

24. FUNERAL DIRECTOR WM.COOK*BLIGHT, INC., FUNERAL HOME

ADDRESS 6009 HARFORD ROAD, BALTIMORE 14, MD.

SHIPPED TO: LEFLER FUNERAL HOME, ALBEMARLE, N.CAROLINA

06446

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

6441

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)
52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Catonsville Convalescent Home
90

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
10-11-2
STREET ADDRESS (If rural, give location) 239 Washington St.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) V. (Last) Thompson
4. DATE OF DEATH: (Month) July (Day) 21, (Year) 1955.
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Sept. 17, 1875
9. AGE last birthday: 79 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: F. William Kuffmaul
14. MOTHER'S MAIDEN NAME: M. Carrie Young
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): 9
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Charles Thompson Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial failure — 72 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c) Arteriosclerotic CV disease — Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia, RT — 1 yr

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 29, 1955, to July 21, 1955, that I last saw the deceased alive on July 6, 1955 and that death occurred at 12:45 p.m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Stephen Lee Mecnness MD Catonsville Md 7-22-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7-24-1955 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet — LOCATION (City, town, or county) (State): Frederick, Md.

DATE REC'D BY LOCAL REG. 7-22-55 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR — ADDRESS: M.R. Etchison & Son Frederick, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Stephen Lee MAGNESS
900 Park AVE. RI 7-8585
2-4 pm

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06447

6442

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Stevenson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hillside Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Stevenson
STREET ADDRESS (If rural give location) Hillside Rd.

3. NAME OF DECEASED: (Type or Print) (First) Norah (Middle) H. (Last) Topper
4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: March 6, 1881
9. AGE last birthday 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Martin Holmes
14. MOTHER'S MAIDEN NAME: Mary Haskins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: John F. Topper Stevenson, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X

IMMEDIATE CAUSE (A) Cerebral vascular accident — 2½ yrs

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hypertensive cardiovascular disease — 8 yrs.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 Aug., 1948, to 2 July, 1955, that I last saw the deceased alive on 2 July, 1955, and that death occurred at 6:50 P.M., from the causes and on the date stated above.

SIGNATURE Paul H Royse M. D. ADDRESS Pikesville 8 Md DATE SIGNED 2 July 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF July 5, 1955
NAME OF CEMETERY OR CREMATORY New Catholic Cemetery
LOCATION (City, town, or county) Baltimore County (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 4, 1955
REGISTRAR'S SIGNATURE Dorothy A. Newell
24. FUNERAL DIRECTOR Frank H. Newell
ADDRESS Pikesville

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

06118

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

6443

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville. LENGTH OF STAY (in this place) 12 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Hood Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) Mamie (Middle) A. (Last) Trout.

4. DATE OF DEATH: (Month) July (Day) 10, (Year) 1955.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: January 26 1875
9. AGE last birthday 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own home.
11. BIRTHPLACE (State or foreign country): Stewartstown, Pa.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph S. Hersey
14. MOTHER'S MAIDEN NAME: Susie Reynolds.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: C. R. Trout. New Freedom, Pa.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

IMMEDIATE CAUSE (A) Myocarditis with Sudden Acute Failure — 1 day

DUE TO

ANTECEDENT CAUSE (S) (B) Arteriosclerotic C. V. Disease — 10 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Mitral Insufficiency - Cardiac Hypertrophy

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1955, to July 10, 1955, that I last saw the deceased alive on July 10, 1955, and that death occurred at 10 45 P. M, from the causes and on the date stated above.

SIGNATURE John F. Coolahan M. D. ADDRESS 4201 Wilkens Ave DATE SIGNED 7/11/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial.
DATE THEREOF July 13 1955.
NAME OF CEMETERY OR CREMATORY West Liberty Cemetery
LOCATION (City, town, or county) (State) White Hall, Md.

DATE REC'D BY LOCAL REGISTRAR 7-12-55
REGISTRAR'S SIGNATURE Victor C. Harry
24. FUNERAL DIRECTOR W. Jacob Hornbacher
ADDRESS New Freedom, Pa.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

06449

6444

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 2315 Walen — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonville — 52
STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print): (First) Delzora (Middle) Sires (Sires) (Last) Troy
4. DATE OF DEATH (Month) July (Day) 28 (Year) 1945
5. SEX Female
6. COLOR OR RACE Colored
7. ~~SINGLE, MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH
9. AGE last birthday 73 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Gabriel Pollock
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Sylvester Pollock

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

421.4
Immediate cause (a) Cardio Valvular Disease — 2 Years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 17, 1945, to July 28, 1945, that I last saw the deceased alive on July 27, 1945, and that death occurred at 10 A m. from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Thos. Woolridge R.4 Box 712 Elkridge 7-28-45

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) — DATE THEREOF July 31-45 — NAME OF CEMETERY OR CREMATORY Mt. Gilmore — LOCATION (City, town, or county) Catonville — (State) Md.
DATE REC'D BY LOCAL REG. 7-29-45 — REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Lewis A. Henry — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

06450

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6445

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Lutherville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 2314 Towson Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville X
STREET ADDRESS (If rural give location) 2314 Towson Avenue

3. NAME OF DECEASED: (Type or Print) (First) NORMAN (Middle) J (Last) WAGNER

4. DATE OF DEATH: (Month) July (Day) 6, (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Oct. 8, 1888
9. AGE last birthday 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor
10B. KIND OF BUSINESS OR INDUSTRY: Gen. Construction
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin C. Wagner
14. MOTHER'S MAIDEN NAME: Kate Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 215-32-5362
17. INFORMANT & ADDRESS: Family Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 442X (A) Cerebral Hemorrhage — 10 days

DUE TO

ANTECEDENT CAUSE (S) (B) Hypertensive Cardio-

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Renal Vascular Disease — 10 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1948, to July 6, 1955, that I last saw the deceased alive on July 6, 1955, and that death occurred at 7:00 P M, from the causes and on the date stated above.

SIGNATURE Charles F. O'Donnell M.D. ADDRESS 750 Hyde Rd DATE SIGNED 7/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF July 9, 1955
NAME OF CEMETERY OR CREMATORY Prospect Hill Cemetery
LOCATION (City, town, or county) (State) Towson, Maryland

DATE REC'D BY LOCAL REGISTRAR 11 July 1955
REGISTRAR'S SIGNATURE Anne Armistead MacRae
24. FUNERAL DIRECTOR John Burns Sons,
ADDRESS Towson, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

6446

Item 14, Film 1184 7-21-55 etc

06452 Reg. Dist. WC

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn L. Martin Co. Runway Middle River Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Texas COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Amarillo 80X-3
STREET ADDRESS (If rural, give location) 1414-A Tennant St.

3. NAME OF DECEASED: (Type or Print) (First) Roy (Middle) Chandler (Last) Wagster

4. DATE OF DEATH (Month) July (Day) 12 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 7, 1922

9. AGE Last birthday: 32 yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): U.S.A.F. Flyer

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Air Force

11. BIRTHPLACE (State or foreign country): Mobile Alabama U.S.A.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Roy C Wagster Sr.

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

860X

Immediate cause (a) 3rd & 4th° Burns of Entire Body — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDING OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Glenn L Martin Co

21c. (City or town) Middle River (County) Balto (State) Md.

21d. TIME OF INJURY (Month) 7 (Day) 12 (Year) 55 (Hour) 11:50 A.M.

21e. INJURY OCCURRED While at work ☒ Not while at work ☐

21f. HOW DID INJURY OCCUR? Burned in Air Accident (Plane Crash)

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [illegible] M.D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 7/14/55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF 7-15-55

NAME OF CEMETERY OR CREMATORY Mobile

LOCATION (City, town, or county) (State) Alabama.

DATE REC'D BY LOCAL REG. 7-15-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR W. Cook Inc.

ADDRESS 1212 St Paul St

VS. A15A - 5 - 53

6447

06453

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 44

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No.

1. PLACE OF DEATH:
COUNTY ~~County~~ Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Nr. Sparrows Pt - 19
LENGTH OF STAY (in this place)
~~HOSPITAL OR~~ INSTITUTION OR ~~STREET ADDRESS~~ (Miller's Island)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore SV01-4
STREET ADDRESS (If rural, give location) 4815 Richard Avenue #14

3. NAME OF DECEASED: (Type or Print) (First) Ronald (Middle) Lawson (Last) Wallace

4. DATE OF DEATH (Month) July (Day) 3 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: April 21, 1931

9. AGE last birthday: 24 yrs.

IF UNDER 1 YEAR: Months | Days — IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Md. State Rd.

10b. KIND OF BUSINESS OR INDUSTRY: Com.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr. James L. Wallace

14. MOTHER'S MAIDEN NAME: Olive A. Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. James L. Wallace, 4815 Richard Ave #14

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

929.8

Immediate cause (a) Drowning

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDING OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Miller's Isl.

21c. (City or town) Nr. Sparrows Pt - (County) Balto - (State) Md.

21d. TIME OF INJURY (Month) 7 (Day) 2 (Year) 55 (Hour) 3:45 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☑

21f. HOW DID INJURY OCCUR? Drowned while swimming from Boat.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE M B Davis M.D.

CHIEF MEDICAL EXAMINER / DEPUTY MEDICAL EXAMINER ☑ / ASSISTANT MEDICAL EXAM. — M. D.

DATE SIGNED 7/4/55.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF July 6, 1955

NAME OF CEMETERY OR CREMATORY Moreland Memorial Park

LOCATION (City, town, or county) Baltimore, Maryland (State)

DATE REC'D BY LOCAL REG. July 5, 1955

REGISTRAR'S SIGNATURE G. N. Hedrick

24. FUNERAL DIRECTOR Leonard J. Ruck

ADDRESS 5305 Harford Road #14

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06451

CERTIFICATE OF DEATH

6448 Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard
LENGTH OF STAY (in this place) 67 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3V01-4
STREET ADDRESS (If rural give location) 337 East 27th Street

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) G. (Last) WANTLAND

4. DATE OF DEATH: (Month) July (Day) 24, (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 5/4/88
9. AGE last birthday 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman
10B. KIND OF BUSINESS OR INDUSTRY: B&O Railroad
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William H. Wantland
14. MOTHER'S MAIDEN NAME: Mamie Waxter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

IMMEDIATE CAUSE (A) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE WITH — 6 MONTHS

ANTECEDENT CAUSE (S) DUE TO CONGESTIVE FAILURE & CORONARY INSUFFICIENCY

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from May 18, 1955 to July 24, 1955, ~~that I last saw the deceased~~ ~~alive on~~ and that death occurred at 2:40 P.M. from the causes and on the date stated above.

SIGNATURE William E. Hill
WILLIAM E. HILL, M. D. M.D.
ADDRESS VAH, FORT HOWARD, MARYLAND
DATE SIGNED 7/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7-27-55
NAME OF CEMETERY OR CREMATORY Moreland Memorial Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Wm. Cook-Blight Inc.
ADDRESS 6009 Harford Rd., Balto., 14, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

06454

6449

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore County MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52
LENGTH OF STAY (in this place) 3 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines 16 Fusting Ave Catonsville Md 90

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City 13X-2
STREET ADDRESS (If rural, give location) Angelo Cottage

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) Bagley (Last) Watkins
4. DATE OF DEATH: (Month) 7 (Day) 11 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 6-16-76
9. AGE last birthday: 79 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Sunnybrook, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Charles Bagley Sr.
14. MOTHER'S MAIDEN NAME: Ella Virginia Mc Cauley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Clara H. Souther, Relay, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

490 X
Immediate cause (a) Lobar Pneumonia — 9 da.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertensive Cardio-Vascular Disease — Years
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1, 1955, to 7-11, 1955, that I last saw the deceased alive on 7-11, 1955, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE: William K. Gallager (Degree or title) M.D. — ADDRESS: Catonsville-28, Md. — DATE SIGNED: 7-12-55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 7-14-55 — NAME OF CEMETERY OR CREMATORY: Fork Methodist — LOCATION (City, town, or county) (State): Fork, Md

DATE REC'D BY LOCAL REG. 7-14-55 — REGISTRAR'S SIGNATURE: V. E. Harry

24. FUNERAL DIRECTOR: F.C. Higinbotham — ADDRESS: Ellicott City, Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

07534

6450

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rural Lutherville — LENGTH OF STAY (in this place) 1 Hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 Farms Golf Course — Birth Privileges

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3V01-4
STREET ADDRESS (If rural, give location) Broadview Apts-116 W. Univ Pkwy.

3. NAME OF DECEASED (Type or Print) (First) Fern (Middle) Darlington (Last) Weatherway
4. DATE OF DEATH (Month) July (Day) 30 (Year) 1955
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb 19, 1906
9. AGE last birthday 49 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Branch Manager
10b. KIND OF BUSINESS OR INDUSTRY Glass Manf.
11. BIRTHPLACE (State or foreign country) Michigan
12. CITIZEN OF WHAT COUNTRY? U.S. Amer.
13. FATHER'S NAME Fern Arthur Weatherway
14. MOTHER'S MAIDEN NAME Nettie Darlington
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs W. P. Calder Jr.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary Occlusion — Sudden (10 min)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED
Charles F. O'Donnell MD — 7501 York Rd - Towson 4 Md — 7/30/55

23. BURIAL, CREMATION OR REMOVAL (Specify) Removal — DATE THEREOF July 31-1955 — NAME OF CEMETERY OR CREMATORY BOYER VAN WORMER F. HOME — LOCATION (City, town, or county) (State) Toledo Ohio

DATE REC'D BY LOCAL REG. Aug. 11, 1955 — REGISTRAR'S SIGNATURE Anna MacRae
24. FUNERAL DIRECTOR John Burns & Son — ADDRESS Towson 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

06455

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6451

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 1 Hour-50 M.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01-4
STREET ADDRESS (If rural give location) 3211 Batavia Avenue

3. NAME OF DECEASED: (Type or Print) (First) HENRY (Middle) Rudolph (Last) WEBER Sr.

4. DATE OF DEATH: (Month) July 24 (Day) (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 9/30/92
9. AGE last birthday 62 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10B. KIND OF BUSINESS OR INDUSTRY: Machine Shop
11. BIRTHPLACE (State or foreign country): New York, N. Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Weber
14. MOTHER'S MAIDEN NAME: Elizabeth Most

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 202-09-3404
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

931.9

IMMEDIATE CAUSE (A) HEAT STROKE

ANTECEDENT CAUSE (S) DUE TO PROLONGED HOT SPELL

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH SEVERAL HOURS

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

VA 10:30 P.M. 12:20 AM.

22. I hereby certify that I attended the deceased from July 23, 1955, to July 24, 1955, and that death occurred at 12:20 AM, from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT, M.D. ADDRESS M.D. VAH, FORT HOWARD, MARYLAND DATE SIGNED 7-25-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF July 27, 1955
NAME OF CEMETERY OR CREMATORY Moreland Memorial Park
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 7-26-55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Leonard J. Ruck Funeral Home
ADDRESS 5305 Harford Road, Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

06456

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6452

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TOWSON
LENGTH OF STAY (in this place)
55
HOSPITAL OR INSTITUTION OR STREET ADDRESS 517 W. JOPPA ROAD
00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
55
STREET ADDRESS (If rural give location) 517 W. JOPPA ROAD
1

3. NAME OF DECEASED: (Type or Print) (First) MIRIAM (Middle) ALLEN (Last) WEGNER

4. DATE OF DEATH: (Month) JULY (Day) 5, (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): M

8. DATE OF BIRTH: MAY 1, 1903

9. AGE last birthday 52 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: NEWTON D.R. ALLEN

14. MOTHER'S MAIDEN NAME: ROSE E.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
(If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: ROLAND M. WEGNER 517 W. JOPPA RD. TOWSON 4, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

IMMEDIATE CAUSE (A) Myocardial infarction

DUE TO

ANTECEDENT CAUSE (B) Generalized arteriosclerosis

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Parkinsonism, severe — 20 yrs

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jul, 1954, to present, 19..., that I last saw the deceased alive on April 22, 1955, and that death occurred at 7:30 M, from the causes and on the date stated above.

SIGNATURE Ernest C Brown Jr M.D. ADDRESS 1101 N. Calvert St DATE SIGNED 7/8/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF JULY 7, 1955 — NAME OF CEMETERY OR CREMATORY PROSPECT HILL CEM. — LOCATION (City, town, or county) (State) TOWSON, BALTO. CO., MD.

DATE REC'D BY LOCAL REGISTRAR July 8, 1955 — REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR John Burns' Sons, Towson, Md. — ADDRESS

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

06457

6259

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7233 GERMAN HILL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) 7233 GERMAN HILL

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) W. (Last) WHEATLEY
4. DATE OF DEATH (Month) JULY (Day) 28 (Year) 1955
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH SEPT. 8. 1861
9. AGE last birthday 93 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GARDENER
10b. KIND OF BUSINESS OR INDUSTRY FLORIST
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JAMES W. WHEATLEY
14. MOTHER'S MAIDEN NAME MARY SCHAEFER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-24-5544
17. INFORMANT AND ADDRESS ANNA C. MERBACH 7233 GERMAN HILL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

140 X

Immediate cause (a) Arteriio-Sclerotic Cardio Vascular Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Senility

(c) Ca of Mouth (lip) — 6 mos

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Feb 1955
19b. MAJOR FINDINGS OF OPERATION Ca of Mouth - (Removed + Block operation done)
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] M.D. [illegible] 7/29/55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF AUG. 1, 1955 — NAME OF CEMETERY OR CREMATORY OAK LAWN — LOCATION (City, town, or county) COLGATE (State) MD

DATE REC'D BY LOCAL REG. July 31-1955 — REGISTRAR'S SIGNATURE William M. Kelly
24. FUNERAL DIRECTOR ULLRICH FUNERAL HOME — ADDRESS 2112 DUNDALK

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

6453 06158

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 41

1. PLACE OF DEATH: COUNTY Balto. MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Balto 19 | LENGTH OF STAY (in this place) 12

HOSPITAL OR INSTITUTION OR STREET ADDRESS 2518 Lodge Forest Dr

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY Balto

CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Edgemere

STREET ADDRESS Lodge Forest (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Gray (Last) Whippo

4. DATE OF DEATH (Month) July (Day) 25 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 29 1895

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Upholstery Fabr.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Tyrone Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Hamer Whippo

14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs R. Gagliano 2518 Lodge Forest Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Carbid Vas disease

DUE TO

(c) Asthma

241X

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 25 1955 55 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J M Carmine M.D. M. D. ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ☐ ~~ASSISTANT MEDICAL EXAM.~~ ☐ DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF July 27 1955 | NAME OF CEMETERY OR CREMATORY Highland Garrett | LOCATION (City, town, or county) (State) Meyersdale Penna

DATE REC'D BY LOCAL REG. 7-27-55 | REGISTRAR'S SIGNATURE R. W. Tidrick

24. FUNERAL DIRECTOR Geo. B. Cook | ADDRESS 1701-03 N. Patterson Park Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06459

6451

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville LENGTH OF STAY (in this place) 14.4 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springs Grove

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balt. - 7
STREET ADDRESS (If rural give location) 8907 Remington Ave

3. NAME OF DECEASED: (Type or Print) (First) Katherine (Middle) (Last) Wicks

4. DATE OF DEATH: (Month) 7 (Day) 19 (Year) 1955

5. SEX: F. 6. COLOR OR RACE: W 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W 8. DATE OF BIRTH: 1/14/85 9. AGE last birthday 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper 10B. KIND OF BUSINESS OR INDUSTRY: Retired 11. BIRTHPLACE (State or foreign country): Md. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Wicks 14. MOTHER'S MAIDEN NAME: Christine — ROEMER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. 215-05-6597 17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X IMMEDIATE CAUSE (A) Cerebral hemorrhage — 7 mos.

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerosis — years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Senility —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Parkinson's disease

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/9/54, 19..., to 7/19/55, 19..., that I last saw the deceased alive on 7/19/55, 19..., and that death occurred at 5:15 P.M. from the causes and on the date stated above.
SIGNATURE Charles Ward M.D. ADDRESS Spring Grove Hosp. DATE SIGNED 7/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF July 22, 1955 NAME OF CEMETERY OR CREMATORY Western LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 7/22/55 REGISTRAR'S SIGNATURE V. E. Harry 24. FUNERAL DIRECTOR John T. Stansbury ADDRESS 6411 Windsor Mill Rd. -7-

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06460

CERTIFICATE OF DEATH

6455

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY BALTO. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE 52
LENGTH OF STAY (In this place) 2 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS RIDGEWAY MANOR 90

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X
STREET ADDRESS (If rural give location) 5743 EDMONDSON AVE

3. NAME OF DECEASED: (Type or Print) (First) BETTY (Middle) M (Last) WILEY

4. DATE OF DEATH: (Month) 7 (Day) 18 (Year) 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDDOW
8. DATE OF BIRTH: 5-5-1867
9. AGE last birthday 88 yrs. IF UNDER 1 YEAR: Months 2 Days 13 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: Housekeeping
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: CHRISTOPER C. SLADE
14. MOTHER'S MAIDEN NAME: MISS CARLON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: EMMA WILEY WHITE HALL, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 443X (A) CEREBRO VASCULAR ACCIDENT

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) HYPERTENSIVE CARDIO VASCULAR DISEASE

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT., 1953 to JULY, 1955, that I last saw the deceased alive on 7-12, 1955 and that death occurred at 11:30AM, from the causes and on the date stated above.

SIGNATURE R V Houck Jr. M.D. ADDRESS RANDALLSTOWN DATE SIGNED 7-18-55 MD.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7/20/55
NAME OF CEMETERY OR CREMATORY Bethel
LOCATION (City, town, or county) Madonna (State) md

DATE REC'D BY LOCAL REGISTRAR 7/18/55
REGISTRAR'S SIGNATURE V E. Harry
24. FUNERAL DIRECTOR Charles E. Kurtz ADDRESS Jarrettsville md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

06462

6270

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Relay
LENGTH OF STAY (in this place): 51
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1009 Frances Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Relay
STREET ADDRESS (If rural, give location): 1009 Frances Ave
51 / 1

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Walter (Last) Willett ~~Jr.~~ Sr.

4. DATE OF DEATH: (Month) July (Day) 9, (Year) 1955

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower

8. DATE OF BIRTH: Mar. 22, 1890

9. AGE last birthday: 65 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Buyer

10b. KIND OF BUSINESS OR INDUSTRY: Hutzler Bros

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William W. Willett

14. MOTHER'S MAIDEN NAME: Florence

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): 9 — (If Yes, give war or dates of service): none

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: John W. Willett Jr. 1009 Frances Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1 Immediate cause (a) acute coronary occlusion, 6 hrs

DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) unknown

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Minor colds, frequent

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1955, to July 9, 1955, that I last saw the deceased alive on July 9, 1955, and that death occurred at 4 a.m., from the causes and on the date stated above.

SIGNATURE: Dr. B. Brumbaugh (DEGREE OR TITLE) ADDRESS: 3609 Mon St Elbridge — DATE SIGNED: 7/9/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7-12-55 — NAME OF CEMETERY OR CREMATORY: Lorraine — LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REG.: July 11 53 — REGISTRAR'S SIGNATURE: Geo. Kieffer

24. FUNERAL DIRECTOR: Howard H. Hubbard, 4107 Wilkens Ave — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

06463

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6456

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X FORT HOWARD,
LENGTH OF STAY (in this place) 89 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE (22) X
STREET ADDRESS (If rural give location) 1917 ROBINWOOD ROAD

3. NAME OF DECEASED: (Type or Print) (First) TALMADGE (Middle) D (Last) WILLIAMS

4. DATE OF DEATH: (Month) JULY (Day) 8 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 5-17-1900
9. AGE last birthday 55 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PAINTER
10B. KIND OF BUSINESS OR INDUSTRY: LIGHT CO.
11. BIRTHPLACE (State or foreign country): HOMERVILLE, GEORGIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES WILLIAMS
14. MOTHER'S MAIDEN NAME: IDA JOURNING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 217-07-6842
17. INFORMANT & ADDRESS: CLIN. REC., VET. ADM. HOSP., FT. HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X IMMEDIATE CAUSE (A) CARCINOMA OF HEAD OF PANCREAS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA X attended the deceased from APRIL 10, 1955, to JULY 8, 1955, and that death occurred at 10:45AM from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT, M.D. ADDRESS VAH FT. HOWARD, MD DATE SIGNED July 8, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF July 11, 1955
NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL
LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 7-11-55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR WM. COOK-BLIGHT INC. ADDRESS 6009 HARFORD RD BALTIMORE, MD.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

06465

44

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6457

CERTIFICATE OF DEATH

Reg. Dist. No. ~~10~~

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 10 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GLEN BURNIE 02 x 2
STREET ADDRESS (If rural give location) 25 FIFTH AVENUE S.W.

3. NAME OF DECEASED: (Type or Print) (First) ANTON (Middle) (NMI) (Last) ZEMAN

4. DATE OF DEATH: (Month) JULY (Day) 16 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 6/4/79
9. AGE last birthday 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TAILOR
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): AUSTRIA, HUNGARY
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH ZEMAN
14. MOTHER'S MAIDEN NAME: MARY MN: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) OW
16. SOCIAL SECURITY NO. 213-14-4463 ~~UNKNOWN~~
17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP,FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X

IMMEDIATE CAUSE (A) CEREBROVASCULAR ACCIDENT — 7 DAYS

DUE TO ARTERIOSCLEROTIC & HYPERTENSIVE CARDIO-VASCULAR DISEASE

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from JULY 6, 1955, to JULY 16, 1955, ~~that I last saw the deceased~~ ~~on~~ and that death occurred at 5:40P M. from the causes and on the date stated above.

SIGNATURE Walter J. Pijanowski
WALTER J. PIJANOWSKI, M. D. M. D.
ADDRESS VAH, FORT HOWARD, MD.
DATE SIGNED 7/17/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF July 19, 1955
NAME OF CEMETERY OR CREMATORY GLEN HAVEN CEMETERY
LOCATION (City, town, or county) (State) GLEN BURNIE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR July 18, 1955
REGISTRAR'S SIGNATURE Dr. Dawson L. Parker
L. J. Deaba
24. FUNERAL DIRECTOR HOPPING & KIRKLEY FUNERAL HOME
ADDRESS 421 CRAIN HIGHWAY, GLEN BURNIE, MD.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53